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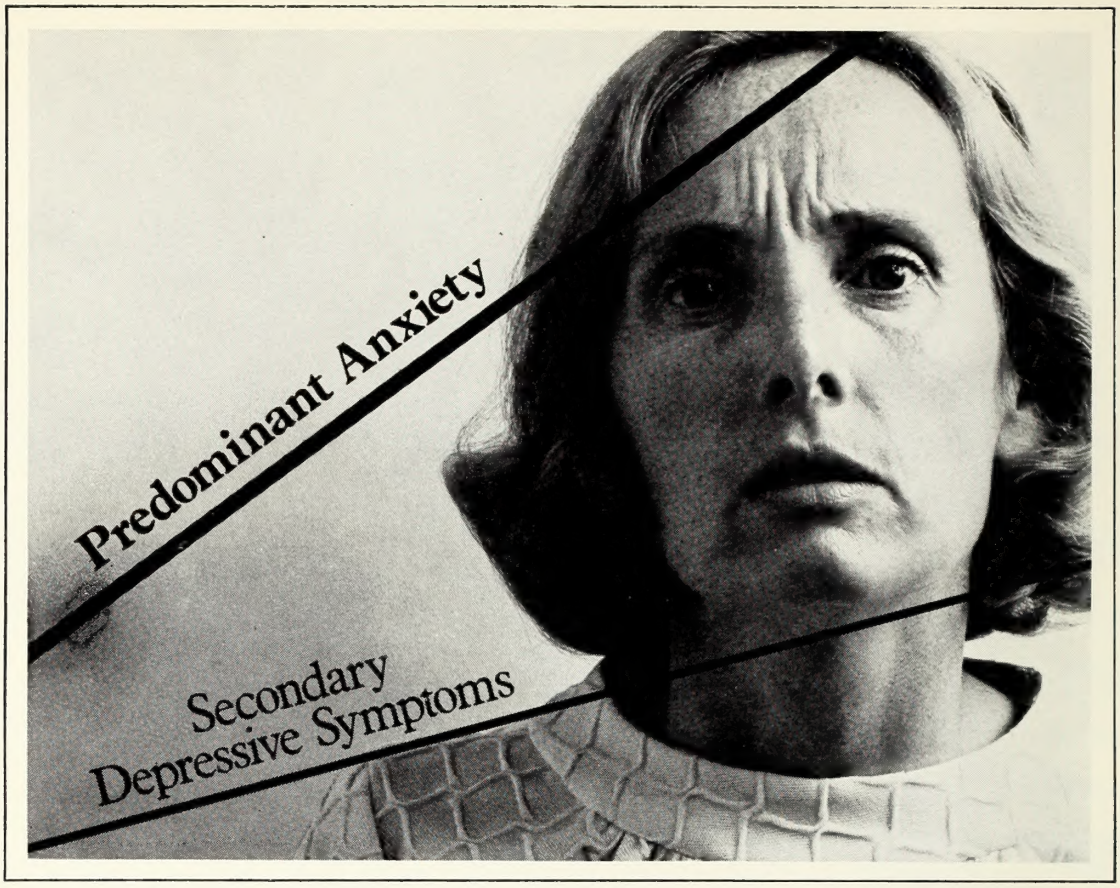
The JOURNAL

OF THE INDIANA STATE MEDICAL ASSOCIATION



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This psychoneurotic often responds

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

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When you determine that the depressive symptoms are associated with or secondary to predominant anxiety in the psychoneurotic patient, consider Valium (diazepam) in addition to reassurance and counseling, for the psychotherapeutic support it provides. As anxiety is relieved, the depressive symptoms referable to it are also often relieved or reduced.

The beneficial effect of Valium is usually pronounced and rapid. Improvement generally becomes evident within a few days, although some patients may require a longer period. Moreover, Valium (diazepam) is generally well tolerated. Side effects most commonly reported are drowsiness, ataxia and fatigue. Caution your patients against engaging in hazardous occupations or driving.

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Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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Letters . . .

James H. Gosman, M.D.,
3935 North Meridian St.,
Indianapolis, Indiana 46208

Dear Jim:

It may well be that my brief remarks of thanks to you and to the House were sufficient to express my appreciation for the certificate.

I would like to share with you my more personal feelings which were mine when you read the text of the citation. Believe me, I was deeply moved when the members of the House of Delegates arose as I approached your rostrum.

This was a singular honor which you conferred upon me and I shall not soon forget those brief moments. My emotional reaction was enhanced by my awareness that it was the members of the Association whose cooperation and support made my job possible. Our common attitude regarding medical practice and the advice and counsel given by the Association made a vital contribution to any small success which I achieved during 19 years as State Health Commissioner.

It is hoped that you may be able to convey my appreciation to all concerned with a bit more emphasis than the time and situation would permit at the presentation.

Sincerely,

A. C. Offutt M.D.

To the editor:

We offer the following comment as additional information on "My Alcholic Virgin," authored by L. W. Parratt, M.D., a Gary physician. Publisher—Vantage Press, 1972; 447 pages.

In writing this book, the author speaks from personal involvement in understanding and dealing with Alcoholism. With compassionate and dedicated interest, he goes straight to the core of the difficulties and vicissitudes of the alcoholic.

Alcoholism is one of the most devastatingly prevalent and destructive of all illnesses. The troubles of drug abuse are numbered in the hundreds of thousands, while those of Alcoholism are closing in on the tens of millions. Complacency, unconcern and the gross rejection of that population of humanity are rife, and then the nation is in disgrace.

Much material is written of the beginnings of the alcoholic in infancy and early childhood. The lack of attending to the affectional needs and security of the former, aside from all else, plus the threat of rejection, are of the presubconscious state. In the precariously developing small child there are further threats and the crises of the subconscious. The affectional needs, closeness and security are enormous, but amongst neglect, slighting and outright rejection the alcoholic can be made.

The writer sees the alcoholic as caught in the trap of being and feeling "a nobody," protesting, being aggressive and difficult in demanding to be accepted as a "somebody." His demands and rages are spread over one's immediate society. Alcohol is the (very ready) remedy. Being caught in the recurring cycles of drinking bouts, there is no exit except in a spiral of destruction, self, to one's spouse and family and immediate society. Physical sickness, loss of morale and hope, loneliness and figurative or literal death are the lot. He will have to turn to the relatively only resource of his own fellows. The downfall and dying of the alcoholic are given in great detail, and to this the reader should pay much attention.

Anyone who has dealt with the alcoholic knows that preaching, moralizing, threatening and expending the use of "common sense" are completely lost upon him. The alcoholic is so helpless to criticism and rejection that he is very prone to turn to drinking, again.

It is a most frustrating business to help the alcoholic, because the hand that is offered is either "bitten" or thrust away.

There is a way of help: let the alcoholic, no matter what his illness and plight, be brought or come to Alcoholics Anonymous. His helpers and companions and nurses "have been there" themselves and know very well. The author goes into much detail about the care, arrangements and inter-personal relationships that the alcoholic will encounter and engage. The subject will soon be acquainted with the fact that he will have a hard time of it, a tedious and discouraging road and many a painful trial. His reward, utterly based on having "taken the last drink," will be a peace of mind, personal strength, belief in self and a positive accommodation and asset for all. The troubles of detoxification in days, the intolerable mood difficulties in weeks, the ragged climb in months and the years of the "dry drunk" culminate in an utterly sober human being. Hard come are his successes and easy is his defeat with "just one more drink." Furthermore, he is now dedicated and always available for his more troubled and ill fellows. Perhaps the statement of a priest, heard by the reviewer, might be appropriate: lamenting that his fellow clergymen and he had little or no success in helping alcoholics, he thought the vital element in Alcoholics Anonymous was "no one looks down on the other."

Much is written on prevention. To take care and note the needs of affection and support for the infant and small child—the loving attention—is squarely upon the parents, the more the mother.

Short shrift is made of reformers,

politicians, "do gooders" and many others of like stamp of mind and attitude. There is much collateral material expressed on such kindred personal difficulties as drug addiction, sexual deviation and the vicious one of gambling. Social Drinking, the graduate school to Alcoholism, what with the excuses and blind support given it, is the staging ground for not too late Alcoholism. The writer traces out the descent into the inferno of the alcoholic: "social drinking," the obsessional alcoholic and the obsessional-compulsive alcoholic. The stages, too monotonous in their repeating, are of the sense of rejection, the raging, the "stinking thinking," and the letdown into despair. One does not need to go into detail of some of the consequences of Alcoholism: the absences from work, work inefficiency, motor and other accidents and many of the more violent crimes. All these are a part of the wrecking of the fabric and security of society.

The author concludes with a case study, the "alcoholic virgin." Through the meetings, some of them very lengthy, a woman is helped to lift herself out of the morass of drinking, and to find her way to a complete achievement of her feminine identity and reduce the crippling childhood of rejection.

Self destruction, fractional or total, is largely the ordeal and course of Alcoholism. The writer has spent much time in telling in his pages of the matter, and dedicated himself to abating and ending it.

In personal communication with the author it was learned that morning hours around 4 or 5 AM were the best for him to write. This factor might have contributed to his successful writing.

The printing and binding of the book are good quality. The price $7.95 is reasonable. It is a highly recommended book.

Harry Brandman, M.D.,
Psychiatrist
Wei-Ping Loh, M.D.,
Pathologist
Gary

INDIANA STATE BOARD OF HEALTH

Monthly Report—November 1973

Disease	Nov. 1973	Oct. 1973	Sept. 1973	Nov. 1972	Nov. 1971
Animal Bites	753	812	1122	717	644
Chickenpox	192	68	46	503	214
Conjunctivitis	268	199	317	181	139
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	87	45	188	42	13
Gonorrhea	1315	996	1245	1564	546
Impetigo	241	324	434	207	192
Infectious Hepatitis	55	68	61	59	42
Infectious Mononucleosis	160	93	89	136	100
Influenza	3105	2511	2298	3211	1361
Measles					
Rubeola	28	17	24	51	118
Rubella	38	11	18	53	62
Meningococcic Meningitis	2	1	1	2	4
Meningitis, Other	4	2	4	3	8
Mumps	193	167	48	130	85
Pertussis (Whooping Cough)	5	2	8	3	4
Pneumonia	700	443	419	466	297
Poliomyelitis	0	0	1	0	1
Streptococcal Infections	1560	1016	1176	1424	758
Syphilis					
Primary & Secondary	23	37	36	37	31
All Other Syphilis	135	88	125	106	70
Tinea Capitis	14	21	17	5	2
Tuberculosis (Active)	68	23	60	61	68

The Journal
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Office of Publication
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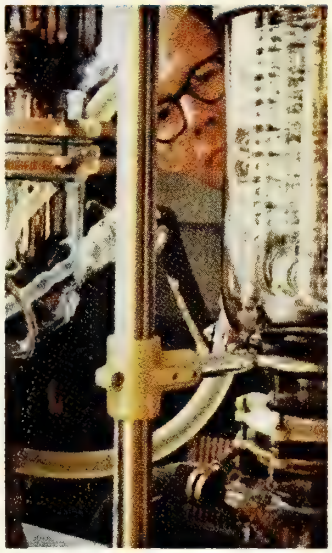
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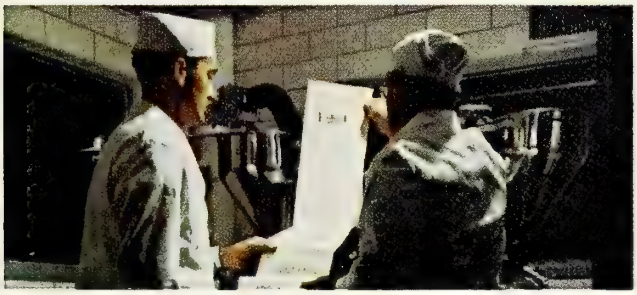












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References: 1. Modell, W., ed.: Drugs of Choice 1970-1971, St. Louis, The C. V. Mosby Company, 1970, p. 196. **2.** Goodman, L. S., and Gilman, A., ed.: The Pharmacologic Basis of Therapeutics, ed. 4, New York, The Macmillan Company, 1970, p. 327. **3.** Maslansky, L.. Paper delivered at Fourth International Congress of Allergology, New York, Oct. 18, 1961: abstracted Excerpta Med. Internat. Congress Series, No. 42, p. 124.

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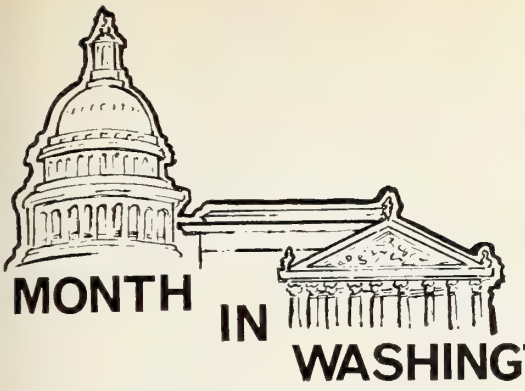
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This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to The Journal on the first of each month preceding month of issue.

Two more major national health insurance proposals have been thrown into the Congressional hopper, bringing the total to eight, with at least two more waiting in the wings, including that of the Administration.

Chairman Harley O. Staggers (D-W. Va.) of the House Commerce Committee has introduced his own national health insurance proposal (NHI).

The second new NHI proposal came from Senate Republican leader Hugh Scott (R-Pa.) and Charles Percy (R-Ill.).

Staggers' National Comprehensive Health Benefits Act Of 1973 would provide comprehensive health care benefits and complete protection against the costs of catastrophic illness to all. It would be financed by a combination of contributions from employers, the federal government and individuals, scaled to income. The federal funds are for health insurance and catastrophic illness benefits for the poor and near-poor.

The introduction came shortly before hearings on NHI by the Commerce Subcommittee on Public Health and Environment.

It is the first major NHI proposal to be referred to the Interstate and Foreign Commerce Committee rather than the Committee on Ways and Means, Staggers noted, adding that it is the first NHI proposal by a chairman of a major committee in the House.

Major features of the proposal, as described by Staggers:

—a strong role for state governments in the development and administration of the program;

—incentives for the creation and use of Health Maintenance Organizations;

—a six-year transitional period for orderly development;

—the use of existing private health insurance carriers for administration of the insurance provisions;

—and the fact that the program builds on, rather than federalizing, the existing health care system.

The bill provides that newly created State Health Commissions (SHCs) would be responsible for the actual administration of much of the program, including standard setting and quality control, assisting in the development of Health Maintenance Organizations (HMOs), and administration of some of the insurance provisions. Existing private health insurance carriers would be used to underwrite most of the legislation's insurance benefits. The development and use of HMOs would be encouraged through additional direct developmental assistance and through a 10% federal subsidy of HMO premiums.

Within two years of enactment, all aged, low income and unemployed individuals and families would be provided coverage for basic health services. Within four years of enactment, all individuals and families would be provided coverage for basic health services and the costs of catastrophic illness. Within seven years of enactment, all individuals and families would be provided coverage for comprehensive health care benefits and the costs of catastrophic illness.

Senator Scott said his two-part "Health Rights Act" would provide for inpatient protection for all persons suffering major illness, and would set up an out-patient health maintenance insurance plan. It would replace both the Medicare and Medicaid programs now in effect. Scott added that he believed his bill was "must legislation" for this session of Congress "because its goal is to serve every American at a critical time."

Under the Scott-Percy Health Rights Act, both the inpatient and outpatient plans would be administered by insurance carriers or other public or private agencies on a regional basis, under contract with the newly created Office of Health Care within the Department of Health, Education, and Welfare.

The inpatient, "major illness" protection differs from traditional catastrophic plans by covering all costs above each family's health cost ceiling, which is determined by a formula taking into account both family

Continued

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Continued

income and family size. Money for the plan would be financed in part through the present health insurance portion of Social Security payroll taxes and in part through general revenues.

The outpatient plan would be financed in part through family premium payments which would be supplemented in whole or part with federal payments for low income families. Employers could arrange to finance all or part of their employees' premiums.

The Act would also establish a two-year, presidentially appointed "Health Delivery Committee" to study the current and long range needs for medical personnel and facilities. It would make recommendations to the President and Congress.

AMA Supports FDA Authority over Food Supplements

The American Medical Association has asked the Congress to reject proposed legislation that would restrict the Food and Drug Administration's authority over food supplements.

In testimony before the House Commerce Subcommittee on Health and Environment, C.E. Butterworth, Jr., M.D., chairman of the AMA's Council on Foods and Nutrition, said the FDA's actions "are based upon sound scientific evidence and are clearly in the public interest."

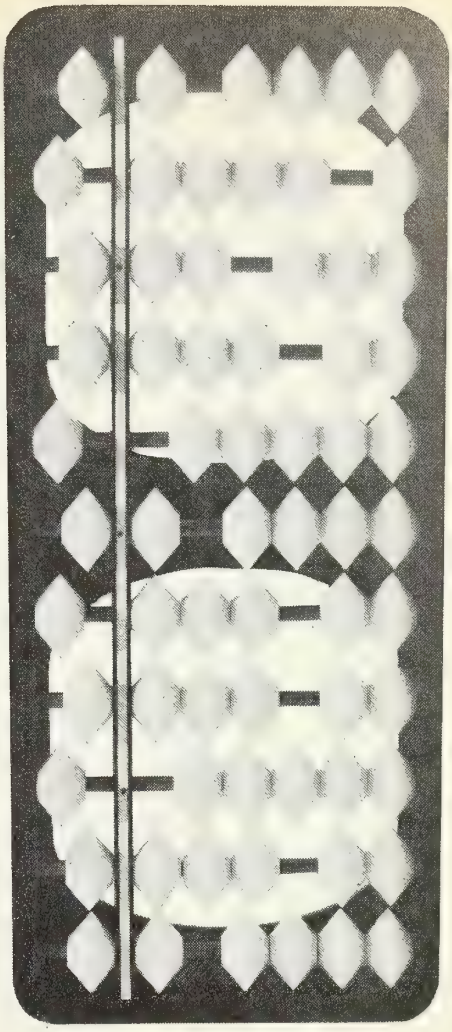
Under new FDA regulations, U.S. government recommended daily allowances (RDAs) have been established that permit the inclusion of 19 essential vitamins and/or minerals in products to be marketed as dietary supplements. The RDAs are based on those formed by the National Academy of Sciences and reflect the most current scientific judgments on the subject," said Dr. Butterworth.

Ingredients with no recognized nutritional value would be excluded from dietary supplements.

"There is no scientifically acceptable evidence to support the use of bioflavonoids, rutin, inositol and other similar ingredients," said the witness. "It is our opinion also that the quantities of vitamins included in mixtures for dietary supplementation should furnish daily an amount which approximately fulfills but does not greatly exceed the recommended dietary allowances," Dr. Butterworth testified. Inclusion of excessive amounts of fat-soluble vitamins A and D can be harmful, and "is scientifically unwarranted and potentially dangerous," he said.

Dr. Butterworth said: "It clearly would not be in the public interest to enact legislation virtually eliminating the authority of the Secretary (HEW) to control

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the kinds and amounts of ingredients in the dietary supplements and other foods for dietary use. The current regulations promote safety, and provide full information to consumers about such products, and this information will enable them to make decisions based on scientifically acquired data."

Legislation liberalizing tax treatment of retirement savings by the self-employed seems to be moving closer to congressional enactment in the next session.

Liberalization of Retirement Savings Tax Treatment Seen

The House Ways and Means Committee has tentatively approved the Senate provision allowing self-employed people such as lawyers, dentists and physicians to claim tax deductions on $7,500 a year, or 15% of income, for sums placed in qualified pension plans. This compares with the previous Keogh limit of $2,500 or 10% of income.

The threat of a strict limitation on pension tax deferments in corporations, including professional service corporations, appears to have diminished. The Ways and Means Committee in general accepted the principle in the Senate bill of a $75,000 annual limit on retirement benefit plans (so-called defined benefit plans) and on others (defined contribution plans which included profit-sharing, money purchase, etc.) of a retirement benefit not to exceed 100% of the high three years of average compensation.

Ways and Means must still take a final vote and also work out with the House Education and Labor committee an agreement on the form the overall legislation—a sweeping pension reform measure—will take when presented on the House floor. Defeated in Ways and Means was a move by Labor, an archenemy of the Keogh provision, to reduce the tax deferral to a maximum of $5,000 per year.

Lower Home Temperatures Sometimes Healthier

President Nixon is correct in his statement that home temperatures in the mid-60s are, in some ways, healthier than temperatures in the mid-70s, according to William Barclay, M.D., assistant executive vice president for scientific affairs, American Medical Association.

"Heating the interior of homes and offices during the winter removes moisture from the air. The higher the temperature, the dryer the air. Air with little moisture aggravates bronchial and other respiratory problems. It can contribute to dry throat and nose, coughs and dry skin.

"The respiratory system doesn't cope well with the sudden changes in temperature. Moving from an overly warm room into outside cold affects the body adversely, causing coughs and respiratory problems. The body adjusts to temperature changes gradually. We feel the cold more acutely on the first cold day in the fall than in January. We do not adapt well to abrupt temperature changes.

"There are no major health advantages inherent in keeping inside temperatures somewhat lower, but there are minor advantages that add to comfort and well being during the winter."

$185 Million Authorized for Emergency Medical Units

President Nixon has signed into law a three-year, $185 million bill to help set up emergency medical units around the nation.

The bill authorizes grants and contracts for feasibility studies, planning, establishment, operation and expansion of emergency medical systems (EMS) as well as research and training. Rep. Tim Lee Carter, M.D., (R-Ky.) said in House debate it would assist communities throughout the nation to develop and improve their emergency medical services systems and "contribute directly to saving tens of thousands of lives each year."

President Nixon had criticized the bill in a veto earlier this year, contending that existing federal and state programs are adequate to handle the problem. The veto led to a major confrontation with Congress last September in which the Administration won when the House failed by a narrow margin to muster the required two-thirds vote.

The bill increases from 50% to 75% the federal share of grants for emergency programs and earmarks 20% of grants for rural areas.

The Administration's prime objection to the earlier bill was an amendment ordering that all public health service hospitals be kept open. The EMS law does not contain this provision. However the PHS hospitals were kept alive by a rider to a military appropriations bill that was subsequently signed into law.

More Radio Frequencies to Be Allotted for Emergency Medical Service

The White House has said that it plans to designate enough radio frequencies for emergency medical service to serve the entire country.

Clay T. Whitehead, director of the White House's Office of Telecommunications Policy, says this will be a vital first step in giving American communities the kind

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Brief Summary

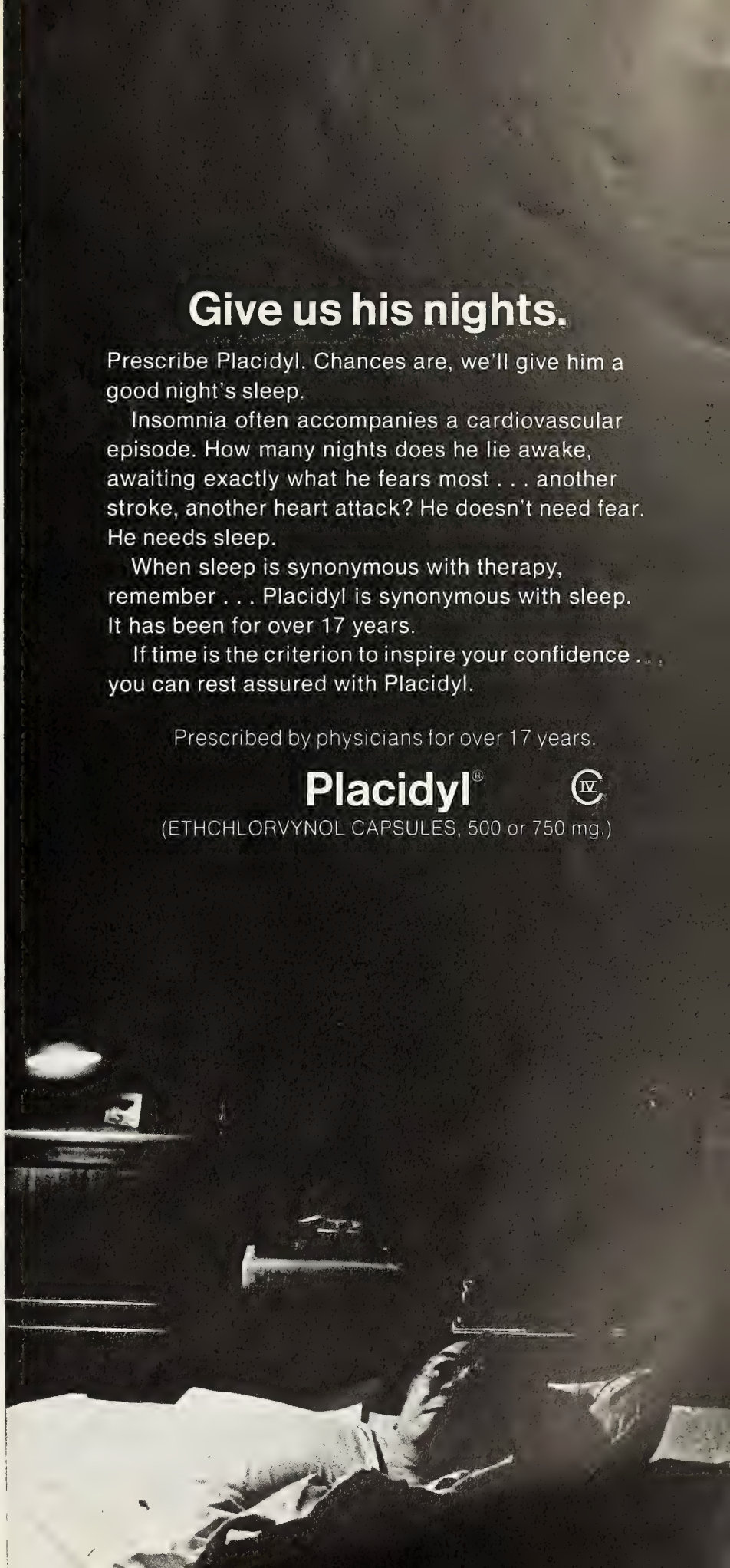
Indications—Placidyl (ethchlorvynol) is indicated as short-term hypnotic therapy in the management of insomnia.

Contraindications—Drug hypersensitivity and porphyria.

Warnings—Not recommended during the first and second trimester of pregnancy. Caution patients of possible combined exaggerated effects with alcohol, barbiturates, tranquilizers or other CNS depressants. Exaggerated effects might result in blurring of vision, paralysis of accommodation and profound hypnosis. Caution patients concerning driving a motor vehicle, operating machinery, or other hazardous operations requiring alertness after taking the drug. ADMINISTER WITH CAUTION TO PATIENTS WITH SUICIDAL TENDENCIES AND DO NOT PRESCRIBE LARGE QUANTITIES OF THE DRUG. Adjustment of the dosage of oral anticoagulants might be necessary when beginning ethchlorvynol therapy, during therapy, or after stopping therapy. This drug is not recommended for use in children. PLACIDYL HAS THE POTENTIAL FOR THE DEVELOPMENT OF PSYCHOLOGICAL AND PHYSICAL DEPENDENCE. INSTANCES OF SEVERE WITHDRAWAL SYMPTOMS, INCLUDING CONVULSIONS AND DELIRIUM CLINICALLY SIMILAR TO THOSE SEEN WITH BARBITURATES, HAVE BEEN REPORTED IN PATIENTS TAKING REGULAR DOSES AS LOW AS 1000 MG. PER DAY OVER A PERIOD OF TIME WHEN THE DRUG WAS SUDDENLY DISCONTINUED. PROLONGED ADMINISTRATION OF THE DRUG IS NOT RECOMMENDED. Addiction-prone patients or those who are likely to increase dosages of the drug on their own initiative should be observed for evidence of signs or symptoms which may indicate possible early withdrawal or abstinence symptoms. Signs and symptoms associated with withdrawal and abstinence include unusual anxiety, tremor, ataxia, slurring of speech, memory loss, perceptual distortions, irritability, agitation and delirium. Other less well defined signs and symptoms, not necessarily due to withdrawal and abstinence, may include anorexia, nausea or vomiting, weakness, dizziness, sweating, muscle twitching and weight loss. Abrupt discontinuance of Placidyl following prolonged overdosage may result in convulsions and delirium.

Precautions—Toxic amblyopia has been reported with long-term continuous use of ethchlorvynol. Permanent visual defects have been observed, although amblyopia has improved after discontinuation of the drug. Drug dosage should be limited for elderly and debilitated patients to the smallest effective amount. If pain is present, this drug should only be given if insomnia persists after pain is controlled with analgesics. Caution is advised in prescribing the drug for patients who are being treated with either MAO inhibitors or antidepressants. Transient delirium has been reported with the combination of Placidyl and amitryptyline. Drug dosage should be reduced if prescribed for patients receiving MAO inhibitors or antidepressants. Caution should be exercised in patients with impaired hepatic or renal function. Patients who respond unpredictably to barbiturates or alcohol, or who exhibit excitement and release of inhibition in association with such agents, may also react in this way to Placidyl. Rarely, patients may exhibit symptoms suggestive of an unusual susceptibility to the drug; such as prolonged hypnosis, profound muscular weakness, excitement, hysteria, or syncope without marked hypotension. Transient giddiness or ataxia may occur.

Adverse Reactions—Hypotension, nausea or vomiting, gastric upset, aftertaste, blurring of vision, dizziness, facial numbness, and allergic reaction typified by urticaria have been reported following Placidyl administration. Mild "hangover" and symptoms of mild excitation have occurred in some patients. There have been rare reports of cholestatic jaundice occurring in patients taking ethchlorvynol. A few cases of thrombocytopenia have been reported in patients receiving ethchlorvynol. 306433



of integrated emergency medical services they need to save thousands of lives a year among persons stricken by heart attacks and strokes or injured in accidents. Many such persons now die because they do not get adequate emergency care before they reach a hospital.

Estimates of the number of lives that could be saved each year if all regions of the country had adequate emergency care systems range from 60,000 to more than 100,000.

Mr. Whitehead noted that a few cities already had efficient systems including two-way communication between ambulance and hospital and radio equipment for sending vital data on the patient's condition from the scene of the emergency to doctors at a hospital. For most American communities, he said, such arrangements are still nothing more than science fiction.

Dr. Charles C. Edwards, assistant secretary for health in the Department of Health, Education, and Welfare, said the department was putting a high priority on efforts to develop an efficient emergency medical system throughout the United States. How much of the effort should be Federal and how much locally initiated is under study, he said.

The Administration plan calls for allocating 38 radio frequencies for emergency medical use throughout the United States. Mr. Whitehead said 22 were already available, but on a much less standardized basis. Some of the others are now used by the Department of Defense and other Federal agencies. Still others are used for highway callboxes, ski patrols and the like. A few are not allocated.

Dr. David Kindig Receives Award

The American Medical Association has awarded a plaque to David Kindig, M.D., in recognition of his "outstanding and dedicated service in implementing the goals and objectives of the National Health Service Corps (NHSC)."

Dr. Kindig played a key part in launching the NHSC program of sending PHS physicians into physician-shortage areas where help is requested by the local and state medical societies. In receiving the award, the youthful physician said the cooperation of the AMA and of the nation's local and state medical societies has "been unique and made the program a success."

Presenting the award at a Washington, D.C., luncheon, Richard Palmer, M.D., vice-chairman of the AMA Board of Trustees, said the AMA has been firmly behind the NHSC program. He pointed to the AMA's "project USA" program, in which the AMA provides physicians to spell PHS physicians who are on vacation or ill. ◄

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Prophylactically, the ointment may be used to prevent bacterial contamination in burns, skin grafts, incisions, and other clean lesions. For abrasions, minor cuts and wounds accidentally incurred, its use may prevent the development of infection and permit wound healing.

CONTRAINDICATIONS: Not for use in the external ear canal if the eardrum is perforated. This product is contraindicated in those individuals who have shown hypersensitivity to any of the components.

PRECAUTION: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

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Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Use in women who are or may become pregnant only when potential benefits have been weighed against possible hazards. Not recommended for use in persons under 15 years of age. Though physical and psychological dependence have not been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated, initial dosage should be limited to 15 mg to preclude oversedation, dizziness and/or ataxia. If combined with other drugs having hypnotic or CNS-depressant effects, consider potential additive effects. Employ usual precautions in patients who are severely depressed, or with latent depression or suicidal tendencies. Periodic blood counts and liver and kidney function tests are advised during repeated therapy. Observe usual precautions in presence of impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported were headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins and alkaline phosphatase. Paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity, have also been reported in rare instances.

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t Statement on Antisubstitution Laws and Regulations

The purpose of this statement is firm the support of the participat- rganizations for the laws, regula- s and professional traditions which ibit the unauthorized substitution ug products.

Traditionally, physicians, den- and pharmacists have worked eratively to serve the best inter- of patients. Productive coopera- has been achieved through ual respect as well as a common cern for the ideals of public ice. This mutual respect has been cted, in part, by joint support the years for the adoption and rcement of laws and regulations ifically prohibiting unauthorized titution and encouraging joint ussion and selection of the ce of supply of drug products. basic principles of medical, den- nd pharmacy practice are thus ed and preserved in the interest tient welfare.

The antisubstitution laws have bstructed enhancement of the essional status of pharmacy any e than they have in and of them- es guaranteed absolute protec- from unsafe drugs, or freed icians, dentists and pharmacists their responsibilities to patients. practical matter, however, such and regulations encourage inter- essional communications regard- drug product selection and assure profession the opportunity to cise fully its expertise in drug e, to the advantage of patients.

Physicians and dentists should rged to increase the frequency regularity of their contacts with macists in selection of quality products, recognizing that economies to patients can be improved through such communication, taking into account the patients' needs. The pharmacist's knowledge of the chemical characteristics of drugs, their mode of action, toxic properties and other characteristics that assist in making drug selection decisions should be utilized to the fullest extent practicable by physicians and dentists in serving their patients.

Since drug product selection entails knowledge derived from clinical experience, the physician's and dentist's roles in product selection remain primary and do not permit delegation of decisions requiring medical and dental judgments. A broader role in therapy will evolve for pharmacists as improved understanding and cooperation among the professions continue to grow.

There has been no evidence that there are convincing reasons to modify or repeal existing laws and regulations prohibiting the unauthorized substitution of another drug product for the one specified by a prescriber. It is our belief that such laws and regulations merit the joint support of the medical, dental and pharmaceutical professions and the pharmaceutical industry.

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 67—January 1974—Number 1

A scoring system is presented for ranking emergency patients by assigning points for different easily observed and measured criteria. Patients receive scores ranging from 15 to 0 points depending on their condition. Reasons for such a scoring system are presented along with evidence as to its ability to accurately assess a patient's viability and measure his condition, its ability for equating different types of emergency problems, and its ability to give reproducible results in the hands of different examiners.

The I.P.C.A.R. Score— A Method for Evaluation of the Emergency Patient

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Mercer Island, Wash.

In 1953, Apgar first described a system for evaluation of the newborn.[1] This enabled the medical profession for the first time to evaluate anesthetic techniques, premedication and obstetrical procedures on a sound scientific basis. Before 1953 there was no reproducible, universally accepted method of ranking infants as far as condition was concerned and the methods in use did not correlate well with viability.[1] What Apgar did was to take the recognized criteria for evaluation of a newborn's state of health and standardize a technique for checking these criteria; a numerical value was then assigned to each criterion and totaled to obtain the APGAR score.

Research in the field of acute medical emergencies is currently suffering from the same sort of problems as perinatal research before 1953. Scoring systems exist for ranking trauma patients,[2,3] but these are not widely used, and are not applicable to non-traumatic emergencies. More physicians are becoming interested in emergency medical services[4,5,6] which encompasses acute patient care at the scene,[7] in the ambulance[8,9] and in the emergency room. Most research has been directed toward the accident victim for two reasons: first, much of the money for research comes from government agencies involved with traffic safety; and second, most trauma victims are potentially salvageable (young and healthy before injury) and have long productive lives left, if they can be saved from death and incapacitation. Much of the emphasis in this field should probably be placed on the trauma patient, because this is the leading cause of death below the age of 44[10]—striking down individuals who have the longest to live and, potentially, the most to offer to society.

The research for this article was done while Dr. Buckingham was a resident in anesthesiology at the Indiana University Medical Center. He is presently in practice at the Swedish Hospital Medical Center, Seattle, Wash. 98140.

However, no research in the emergency field can ignore that more than half the patients requesting emergency care have medical problems, not trauma or surgical problems.[11] In order to obtain meaningful data in studies concerning emergency medical problems in general or in order to compare data obtained in a heart attack study with that obtained in an auto accident study, a ranking instrument is required which would give equally valid information as to the patient's condition, no matter what his problem.

The I.P.C.A.R. score was designed to fulfill this need. This scoring system rates patients on five different criteria: injury (and pain), pulse, consciousness, appearance (and bleeding), respirations (and airway). The first letter of each category gives the scoring system its name—I.P.C.A.R. Scores go from a high of 15 for a normal, healthy person to a low of 0. Three, two, one or zero points are assigned in each of the five categories. Figure 1 shows how the points are assigned.

Method

Three different aspects of the I.P.C.A.R. scoring system were analyzed to see how efficiently it fulfilled the need for an emergency-patient-rating instrument. First, the scoring system was evaluated for measuring condition and for assessing viability; second, for equating medical and trauma patients, and third, for being reproducible in the hands of observers with different levels of training. In order to test the validity of the I.P.C.A.R. scoring system in the first two areas (measuring condition and assessing viability, and equating medical and trauma patients), 1,933 patients requesting emergency transportation to Indianapolis hospitals were carefully evaluated in the ambulance by the technician and in the hospital by the author. These patients were chosen at random at different times during the day and in different sections of the city out of a total number of 4,998 patients transported by the Ambulance Division of the Health and Hospital Corporation of Marion County during the three-month period, October, November, December 1970. They were carefully evaluated as to I.P.C.A.R. score both at the beginning of the ambulance run and at the end of the run. A technician meeting the federally recommended minimum standards for training made both evaluations in the ambulance. The patient's diagnosis of his own problem, as well as the hospital diagnosis and treatment, were recorded. Also obtained from hospital

I. P. C. A. R. Scoring System	3	2	1	0
Injury & Pain	None	Peripheral injury & or slight pain	Serious peripheral injury & or moderate pain	Central injury & or marked pain
Pulse	60 – 100	> 100 or < 60	Thready	Irregular or absent
Consciousness	Alert & Oriented	Obtunded or berserk	Disoriented	Unconscious
Appearance & Bleeding	Good or healthy appearance & no bleeding	Fair appearance or controllable bleeding	Bad appearance & or difficult to control bleeding	Critical & or uncontrollable bleeding
Respirations & Airway	12 — 20	> 20	Labored or < 12	Absent respirations & or complete obstruction

Figure 1

3, 2, 1, or 0 points are assigned for each of the five criteria listed on the left and then totaled to obtain the I.P.C.A.R. Score.

records was the following information: Final diagnosis, emergency surgical treatment, admission to the hospital, admission to ICU or CCU, length of hospital stay and whether the patient died. This information was transferred to a computer by key-punch cards from information sheets filled out in the ambulance by the technician, to which was added the information obtained at the hospital. In order to test the reproducibility and accuracy of the I.P.C.A.R. scoring system in the hands of trained emergency workers, nurses and doctors, three patients were evaluated by four ambulance technicians, two emergency room nurses and two physicians. Two of the technicians were familiar with the system and two were not. Neither nurse had used the system, and only one of the doctors had used it. Those who were not familiar received no instruction on its use except to mark one point for each category and, if more than one criteria applied in a given category, to use their own judgment as to which score to assign to the patient.

Results

To test the I.P.C.A.R. score as an indicator of condition and viability, several statistics were examined. Scores varied from 0 to 15, with the majority of scores between 11 and 14. The likelihood of dying increased as a person's score got lower, jumping from 20% at a score of 5 to 60% at a score of 4. However, death was not certain unless the patient's score was 1 or 0. In comparing I.P.C.A.R. scores with admission to the hospital and/or dying, a constant increase was again seen with the largest percentage difference occuring between 7 and 6 (50% to 83%), as can be seen in Table 1. If a patient had a score of 5 or less, his chances were 100% that he would either be admitted to the hospital or die, or

Table 1

Breakdown of Total Population

Score	% of Total Patients	Correlation Between % and Dying	Correlation Between % and Being Admitted and/or Dying	Correlation Between % and ICU, CCU, Emergency Surgery and/or Dying
15	7%	0%	21%	1%
14	17%	0%	19%	3%
13	30%	0%	18%	5%
12	19%	0%	20%	10%
11	13%	1%	26%	14%
10	6.5%	0%	23%	14%
9	2.5%	6%	46%	25%
8	1.5%	0%	52%	18%
7	.77%	0%	50%	25%
6	.52%	10%	83%	34%
5	.52%	20%	100%	72%
4	.26%	60%	100%	75%
3	.72%	50%	100%	100%
2	.20%	25%	100%	100%
1	.26%	100%	100%	100%
0	.20%	100%	100%	100%

both. Scores were also compared with admission to ICU, CCU, having emergency surgery, and/or dying, and again a constant increase was seen as the numerical value of the score decreased. This is shown in Table 1 also.

To see if the I.P.C.A.R. score

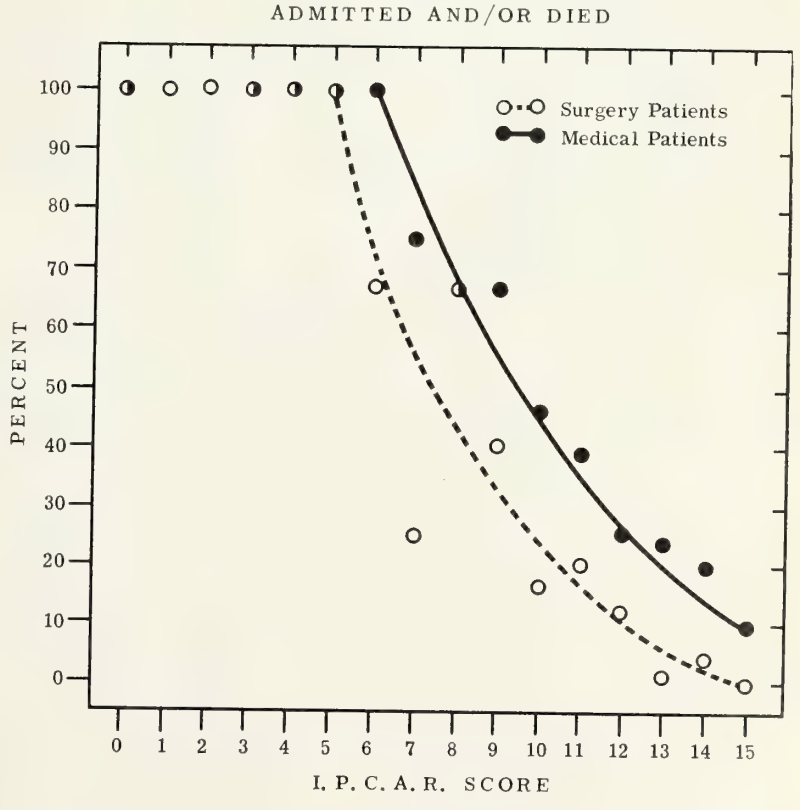


Figure 2

Correlation between percent and being admitted and/or dying, for both medical patients and surgery patients.

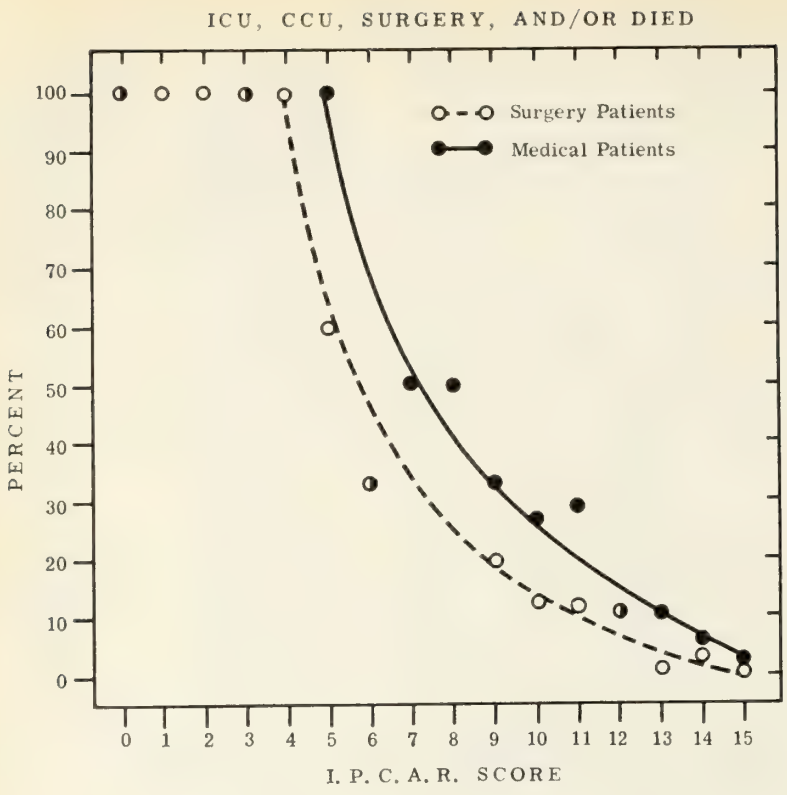


Figure 3

Correlation between percent and ICU, CCU, emergency surgery, and/or dying, for both medical and surgery patients.

equitably ranked patients no matter what their diagnosis (medical, surgical or trauma), those patients who had obvious medical problems heart attacks, heart failure, stroke, drug overdose, diabetes, asthma difficulty in breathing and seizures) were put in one group, and those patients with obvious surgical problems (auto accidents, accidents, burns, gunshot wounds, knifings, beatings, lacerations, and fractures) were put in another group. Three hundred twenty-one patients or 16.5% of the total had purely medical problems and 481 patients or 24.8% had purely surgical problems. Patients with mixed problems or problems which weren't obviously medical or surgical were excluded. The close similarity between the medical and the surgical group can be seen in Figures 2 and 3.

In a study to determine the reproducibility of the I.P.C.A.R. score in the hands of different examiners, the results listed in Table 2 were obtained. Standard deviations varied from .65 to 1.12 with an average of .88.

Discussion

The interest of physicians in the emergency patient usually has not gone past the door of the receiving ward. What interest has existed has focused on the trauma patient, with general and orthopedic surgeons being the most involved. However, government programs are forcing and encouraging upgrading of emergency medical care facilities.[12,13] Further impetus to upgrading of emergency medical care has been given by the interest in the heart attack patient and his chances for survival when early appropriate care is given.[14] As more physicians become interested in early care of the acutely ill or injured patient, research in this area will increase.

The I.P.C.A.R. scoring system satisfies all of the criteria for a "ranking system" necessary for standardizing such research. It is easy to use and to remember because the letters of the name are a mnemonic for the criteria measured. It gives an assessment of the patient's current status and also a prognostication for his viability. It works equally well for patients, no matter what the etiology of their problem, and gives reproducible results in the hands of professional and non-professional health care personnel. In addition, it requires minimal orientation time. Its similarity to the APGAR scoring system should enhance its acceptance by the medical community.

Table 2

Reproducibility Study

Examiner	Patient #1	Patient #2	Patient #3
Technician #1	13	10	13
Technician #2	14	10	11
Technician #3	13	11	13
Technician #4	14	9	13
Nurse #1	13	11	12
Nurse #2	13	12	11
Doctor #1	12	9	13
Doctor #2	13	9	12
Standard deviations	.65	1.12	.88

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DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Postpuberal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. In the male: Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250.

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Acute laryngeal trauma is increasingly frequent with high speed travel. Early diagnosis is difficult because of the insidious onset of symptoms. Early recognition is emphasized. Treatment of acute injuries is presented.

Acute Laryngeal Injury

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Stamford, Conn.
GERALD C. WALTHALL, M.D.
RALEIGH E. LINGEMAN, M.D.
Indianapolis

Introduction

INJURIES to the larynx present special problems in diagnosis and treatment. Prompt recognition of such an injury may not only prevent a possible "life-long" debilitating condition, but may very well be the "life-saving" diagnosis. It has long been apparent that the primary etiology of acute trauma to the larynx is the automobile accident.[1,2,3]

Ordinarily, protection is afforded to the larynx by anatomical factors —namely, the mandible, the cervical spine, and its own suspension (Figs. 1, 2). When an automobile suddenly decelerates and comes to a stop, as in a head-on collision, the passenger is thrust forward, the mandible is raised, and the larynx strikes a fixed object and is crushed between the object and the cervical spine, which now acts like an anvil (Fig. 3). Surprisingly, these is not always an immediate airway obstruction. On the contrary, people suffering such an injury may be initially free of attention-arousing symptoms in the neck. Often other injuries of a less serious nature are being attended, e.g., scalp lacerations, extremity fractures, while the airway insult is surreptitiously exerting its potentially lethal consequence. It is to those signs and symptoms of such an injury that we must alert ourselves.

From the Department of Otorhinolaryngology, Indiana University School of Medicine, 1100 W. Michigan St., Indianapolis.

Pathogenesis of External Injury

Blunt trauma to the larynx may cause compromise of the airway. The most common laryngeal injury is a vertical fracture in the midline of the thyroid cartilage[10] (Fig. 4).

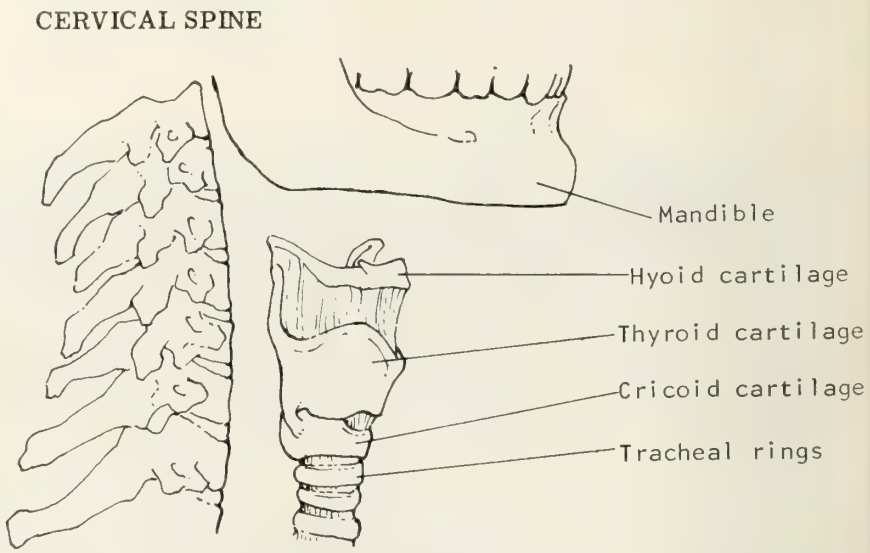


Figure 1
Lateral diagrammatic view of cervical spine, mandible and laryngeal structures.

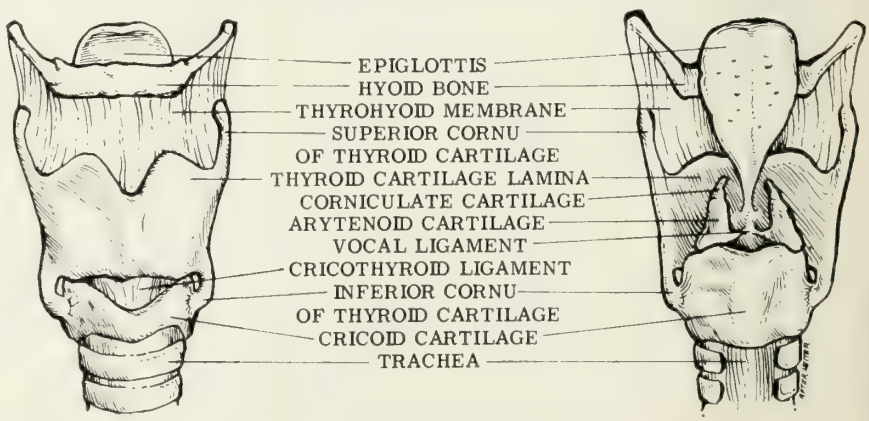


Figure 2
Frontal view of laryngeal structures.



Figure 3
Diagrammatic view of hypothetical automobile laryngeal trauma.

Depending on the severity of the injury, thyroid fractures can lead to a number of events: (1) flattening of the thyroid ala against the spine can cause overlapping, (2) tears may occur in the glottic and thyroarytenoid folds, (3) intralaryngeal hematoma may arise, (4) there may be intrinsic muscle injury, (5) there may be arytenoid cartilage dislocation, and (6) bilateral abductor paralysis secondary to recurrent nerve damage is a possibility.[4]

Cricoid cartilage fractures with associated mucosal tears and hematoma may occur alone or in association with thyroid cartilage fractures. Certainly the cricoid area, being a rigidly compartmentalized region, can least of all tolerate insult to its aperture.

Thus, any of the above-mentioned trauma can lead to closure of the airway.

Signs and Symptoms

The major signs and symptoms of laryngeal trauma are: (1) aphonia, (2) sub-cutaneous emphysema, (3) pain, and (4) loss of palpable landmarks.[3]

Aphonia (loss of voice) may be due to arytenoid dislocation, massive lacerations of the false and true cords, and/or loss of the anterior commissure due to multiple thyroid cartilage fractures.

Subcutaneous emphysema may become enormous and extend from the upper extremities to the scalp. Cardiac tamponade has occurred from dissection of air into the mediastinum.

Pain is often present and the exact location can be identified. Pain is precipitated with coughing, swallowing, sneezing, blowing of the nose and turning of the head.

Loss of palpable landmarks is the most reliable sign. The neck is flat and usually easily palpable structures such as the thyroid notch and cricoid cartilage feel nebulous.

Some authors have added what might be called a fifth important sign, the need for early tracheotomy.[5] A patient whose airway is so compromised that a tracheotomy is necessary no doubt has some severe laryngeal injuries.

Other signs and symptoms to bear in mind are hemoptysis, hoarseness, progressive stridor, cyanosis secondary to laryngospasm, substernal retractions, fixed laryngeal structures, and visible pieces of cartilage in the larynx.[4,5] Hemoptysis as the sole symptom may also indicate the need for bronchoscopy to rule out a tracheoesophageal tear. Hoarseness may be the only sign of a unilateral vocal cord paresis due to a fracture of the lateral thyroid ala at the crico-thyroid articulation.[6]

Diagnosis

A "high index of suspicion" aids the diagnosis. Essential studies include the following: (1) Indirect laryngoscopy. This is not usually helpful in acute trauma because of edema, hematoma, pain, and the often intoxicated state of the patient. (2) Direct laryngoscopy. One must be prepared to do a tracheotomy because this maneuver can precipitate airway obstruction. (3) Roentgenograms. A chest film and anterior-posterior and lateral soft tissue films of the cervical neck are important. The former may detect mediastinal emphysema; the latter may show free air in the soft tissues of the neck. (4) Laryngograms. Dye placed on the base of the tongue may show false passages, avulsion tears and fractures. The escape of dye into the anterior neck is an absolute indication for surgical intervention.

Treatment

Due to the enormous problems associated with untreated laryngeal injuries, assuming the patient survives the airway insult, most authorities agree that it is better to have several negative explorations than one chronic laryngeal stenosis.[6,7] Laryngeal injuries can be treated with "conservative" measures up to eight days after the initial injury. Further delay, with concomitant organization, fibrosis and scar formation compromises results.

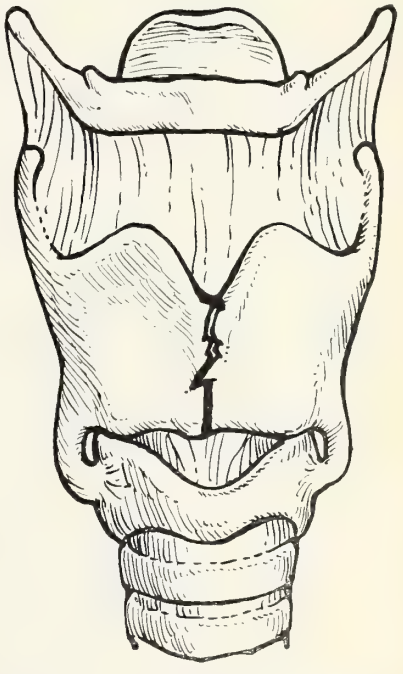


Figure 4
The most common laryngeal fracture: a vertical midline thyroid cartilage fracture.

Certainly, tracheotomy must always be considered. Tracheotomy not only guarantees an airway, it also serves as an escape route of trapped air from soft tissues. No patient with a possible laryngeal injury should be left unattended until a tracheotomy has been ruled in or out. One must bear in mind that when difficulty is encountered in locating the trachea during tracheotomy, the problem of laryngo-tracheal separation may be present.[6] The trachea most likely is retracted lower than expected into the neck. These injuries will require open reduction, primary anastomosis, and possible recurrent nerve exploration.

Open Reduction and Stabilization

Open reduction and stabilization is indicated for lacerations, large tears and cartilage fractures or displacement.[8,9,10,11] The treatment consists of mucosal closure, stenting for six to eight weeks, wiring of the cartilaginous fragments and possible mucosal grafting (Fig. 7). Antibiotics are given from 10 to 14 days. Recent studies have supported the immediate use of steroids to decrease granulation tissue formation with no observable adverse effects on wound healing.[5]

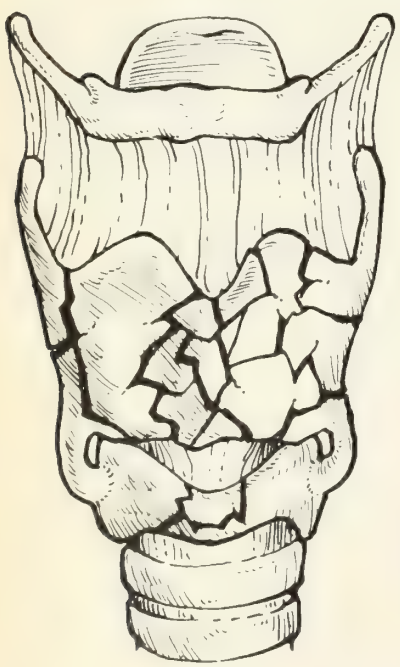


Figure 5
Case #1: Comminuted thyroid cartilage fracture.

Certainly there are variations to this regimen of treatment. Intralaryngeal hematoma may often be treated with steroids, voice rest, humidity, without tracheotomy.[5] Patients with tears at the tracheo-esophageal junction often present only with hemoptysis and may require bronchoscopy and possible thoracic treatment, if a tension pneumothorax develops.

The following cases point up the problem of laryngeal trauma as seen in three representative patients among those seen at the Indiana University Medical Center recently.

Case 1

A 23-year-old female was involved in an automobile accident at approximately 6:00 p.m. She was taken to a nearby hospital and admitted with a diagnosis of mandibular fracture. The patient apparently was stable at the time of admission and had no particular complaint other than pain and some slight bleeding from her mouth. Following admission, the patient gradually developed upper respiratory obstruction and, by 11:00 p.m., was so severely dyspneic that she required endotracheal intubation, which seemed to stabilize her respiratory status. At that time it was noted, in addition, that the patient was developing marked subcutaneous emphysema of the neck and upper chest and was having coarse rhonchi of both lung fields.

She arrived at University Hospital at 5:00 a.m. with an endotracheal tube in place and an I.V. running. When the patient entered the Emergency Room at the I.U. Hospital, she was breathing well without assistance but her respiratory rate was approximately 24 and moderately labored. X-rays at that time revealed several mandibular fractures and infiltrate of the right lower lung field with marked subcutaneous emphysema of the neck and suprascapular area and pneumomediastinum. No laryngeal landmarks could be palpated and laryngeal trauma was felt to be very likely. The heart size was within normal limits. Blood gases revealed marked acidosis and hypoxia although the patient was alert and well-oriented. A tracheotomy was then performed, and copious amounts of thick, bloody mucus were aspirated from the trachea with resultant improvement in the patient's general condition and respiratory status.

The patient was found later to have a right apical pneumothorax and a chest tube was inserted. In addition, the infiltrates in her lung fields were then bilateral and were felt to be aspiration pneumonia or shock lung syndrome. Her pulmonary condition continued to worsen and she was placed on cephalothin, gentamicin, and ampicillin for Staphylococcus aureus and Proteus mirabilus, which were cultured from her sputum. She continued to be afebrile and was having serosanguinous drainage from her chest tube. In the following few days her BUN was noticed to be rising and she was developing marked decrease in urinary output. Throughout this time the patient was being assisted on a MA-1 respirator because of continuing respiratory distress.

She was transferred to the Medicine Service for management of her renal failure and treatment of her pulmonary infection. At that time the impression was that of shock lung syndrome with acute respiratory failure and extensive bilateral interstitial pneumonia. In addition, the patient was in acute renal failure. In the following three days the

patient underwent hemodialysis twice. Her blood gases continued to deteriorate and her blood pressure dropped to systolic level of less than 70, at which time vasopressives were started. The blood pressure was maintained for a short period but her condition continued to degenerate. A postmortem examination was performed and revealed a large defect in the anterior aspect of the larynx, as well as almost complete destruction of the left side of the thyroid cartilage with several secondary fractures of the right side of the thyroid cartilage (Fig. 5). The patient was also found to have a confluent bronchopneumonia bilaterally with multiple abscess formation and tubular necrosis of the kidneys.

This case illustrates that severe trauma to the larynx may indeed play a significant role in causing a sequence of events leading to death. If this unfortunate patient had survived, a difficult reconstructive procedure would have been necessary to restore laryngeal voice and airway function.

Case 2

A 41-year-old white male was received in the University Hospital Emergency Room the afternoon of November 28, having been involved in an automobile accident at approximately 1:00 a.m. the same day. The patient had been observed at an outlying county hospital and noted to have developed gradually respiratory distress and progressive swelling of the neck. At the time of arrival at the University Hospital the patient was markedly dyspneic and cyanotic, and obvious evidence of respiratory distress from upper airway obstruction was noted. The blood pressure was 170/80, pulse 126, respirations 30. He was alert and cooperative but markedly apprehensive, due to his respiratory distress. Examination revealed marked edema and subcutaneous emphysema of the submandibular area. An attempt was made to visualize the larynx by indirect examination; however, this was not possible, because of marked compromise of the patient's airway on even slight projection of the tongue or movement of the head. The neck was likewise edematous with subcutaneous emphysema. No landmarks of the laryngeal structures could be felt. The patient's voice was markedly weak and hoarse and he complained of pain on swallowing. The chest examination revealed subcutaneous emphysema over the upper chest, primarily in the supraclavicular area anteriorly. Coarse rhonchi were heard in bilateral lung fields. The remainder of the physical exam was felt to be within normal limits. The impression at the time of the evaluation was one of laryngeal fracture with severe upper respiratory obstruction. A tracheotomy was performed under local anesthesia with the patient in a sitting position. Following insertion of the tracheotomy tube and removal of copious amounts of thick, blood-tinged mucus, the patient's respiratory status was markedly improved. The patient was anesthetized through the tracheotomy tube and surgical exploration of the larynx was undertaken. The cervical tracheotomy skin incision was extended upward to the level of the hyoid bone. Upon incision of the soft tissues, the thyroid cartilage was found to have a vertical fracture through its lower margin. (Fig. 6).

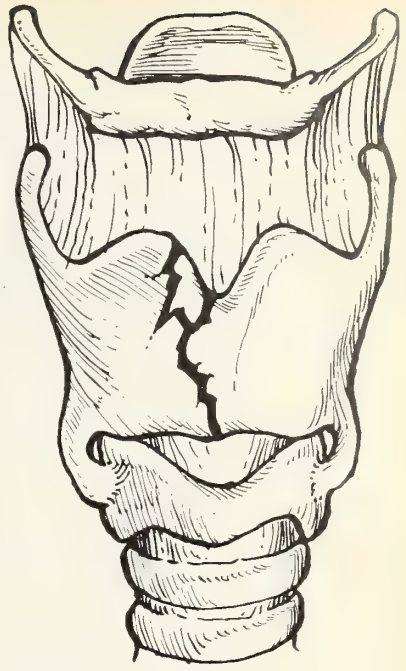


Figure 6

Case #2: Thyroid cartilage fracture.

The cricoid was found to be intact. Utilizing the midline thyroid fracture, the thyroid was opened and the interior of the larynx was visualized. The true vocal cords were intact. The right ventricle and false cord were likewise found to be intact. However, on the left there was marked distortion of the false cord and ventricle with a mucosal tear running through the ventricle and associated with marked hematoma and upward retraction of the false cord. In addition, the epiglottis was avulsed from the thyroid cartilage and retracted superiorly. No other fractures of the thyroid cartilage were found. The mucosa of the left ventricle was then approximated, using 4-0 chromic sutures. Following this, a stent was fashioned utilizing the index finger of a surgical glove into which a block of sterile foam rubber was inserted. This was put into the laryngeal lumen and fixed with a through-and-through #28 wire suture which was tied outside the skin

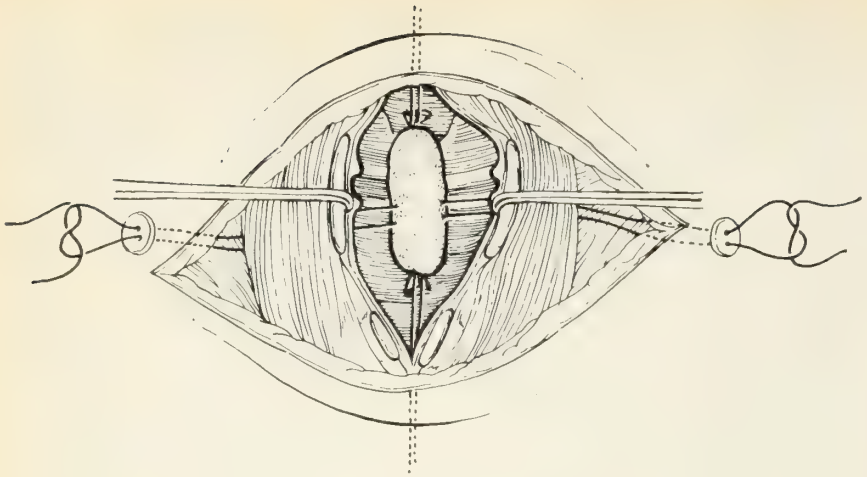


Figure 7

Repair of laryngeal fracture using midine thyrotomy approach and intralaryngeal stent.

on buttons (Fig. 7). Following this, the mucosa of the left lateral side of the avulsed epiglottis was approximated and the epiglottic base was reattached to the inner surface of the thyroid cartilage with 3-0 Ethiflex. The midline of the thyroid fracture was then approximated and the subcutaneous tissues and skin closed.

Postoperatively, the patient was placed on antibiotics and steroids. A portable chest film following surgery revealed marked subcutaneous emphysema throughout the chest as well as pneumomediastinum. No pneumothorax was noted. Follow-up chest films the next day revealed a gradual resolution of the subcutaneous and pneumomediastinal emphysema. The patient's temperature had returned to normal 36 hours after surgery and his general status was considered to be good. On November 30, the patient was transferred to the Veterans Administration Hospital in Indianapolis, where he had an uneventful complete recovery.

This case illustrates the value of accurate diagnosis and prompt and correct treatment. Further delay in the treatment of this patient could have resulted in an unfortunate ending.

Case 3

A 17-year-old Negro male was admitted to the Emergency Room at Marion County General Hospital after being involved in an automobile accident in which he received injuries to his head and neck. The Otolaryngology Service was requested to see this patient because of massive facial lacerations and flattening of the anterior neck with a mild degree of cervical emphysema. The initial work-up consisted of a right carotid angiogram, which was considered normal. Chest X-ray was normal. X-rays of the facial bones revealed a comminuted fracture of the nose. Lateral soft tissue views of the neck revealed questionable air in the soft tissue of the anterior neck. A CBC, blood gases, electrolytes, and SMA-12 evaluation were all within normal limits. Physical examination had revealed blunting of the anterior neck with a mild degree of crepitation to palpation. There was mild tenderness to palpation of the thyroid cartilage. There were no abnormalities of the voice, no hemoptysis or pain with turning of the head or coughing. There was also a comminuted nasal fracture. Indirect laryngoscopy could not be performed because of the uncooperative attitude of the patient. The patient was taken to surgery, where a tracheotomy, facial laceration and nasal fracture repair and exploration of the neck were carried out. A vertical midline thyrotomy incision was performed which revealed a vertical midline fracture of the thyroid cartilage extending from the thyroid notch to the inferior border. There was also a fracture in the trachea at a level just below the cricoid cartilage in the area of the second tracheal ring. The cricoid cartilage was seen to be tilted antero-inferiorly and there was a non-displaced fracture in the midline (Fig. 8). There was also a tear in the thyrohyoid membrane and a tear through the cricothyroid membrane. The internal laryngeal structures were noted to be free of mucosal lacerations or hematoma. The true cords, ventricles, false cords, aryepiglottic folds, arytenoids and

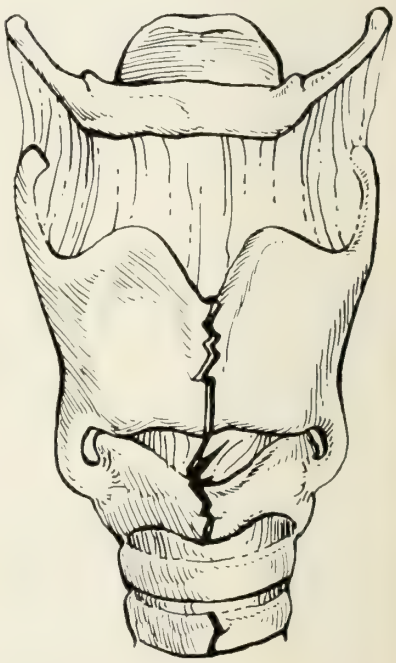


Figure 8

Case #3: Vertical midline fracture of thyroid cartilage, fracture of second tracheal ring, and midline fracture of cricoid cartilage.

the remaining laryngeal architecture appeared normal. A stent consisting of sterile sponge placed in the index finger of a rubber glove was placed intralaryngeally extending from the area of the second tracheal ring to approximately 3 mm above the true vocal cords. A #28 wire was used to anchor the stent into position. This wire was brought out through the skin and attached to buttons. The thyrotomy incision was closed by suturing the mucoperichondrium on each side with interrupted 3-0 chromic sutures. A 2.5 cm. Penrose drain was put into the neck wound and the skin incisions were closed with 4-0 chromic sutures subcutaneously and 5-0 interrupted matress silk sutures. A tracheotomy tube was put into position. The patient's postoperative course was essentially unremarkable. Due to the lack of severe intralaryngeal injury, the stent was removed 10 days after its placement. The patient's voice was essentially normal and there were no respiratory problems. The patient was discharged from the hospital three weeks following his admittance with no residual physical problems.

This case demonstrates a successful outcome of an accurately diagnosed and aggressively treated laryngeal injury.

Summary

A high index of suspicion is necessary to diagnose life-threatening laryngeal injuries. Cervical emphysema, increasing airway obstruction, palpable evidence of fractures and/-or dislocations, pain, voice abnormalities, the demonstration of false passages, and a visible piece of cartilage seen in the larynx with direct laryngoscopy are all warning signs of laryngeal injury. A tracheotomy must always be uppermost in the examining physician's mind. The prompt and correct treatment of acute laryngeal injuries is usually successful; the inaccurate, overlooked, misdiagnosed laryngeal injury is uniformly tragic.

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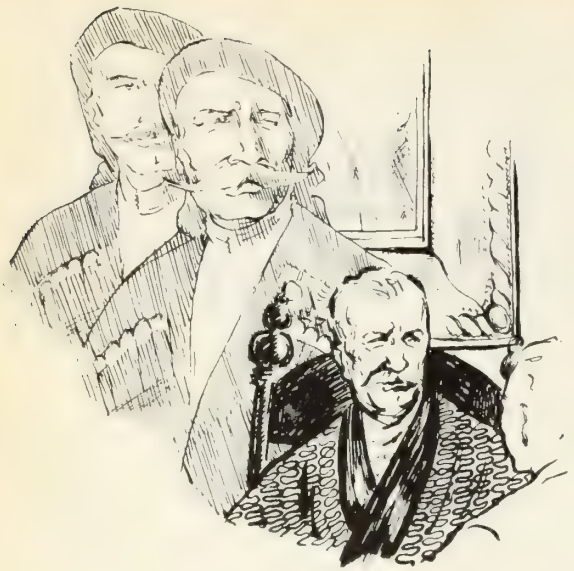
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The Case of the Ageless Abkhazian Aide-de-Camp

ARNOLD LIEBERMAN, M.D.
New York

It is trite but true that the most trivial coincidences can result in the most unforeseen consequences. By sheer happenstance, I was walking by the emergency room of a municipal hospital at the precise moment that a stretcher just off the ambulance was being rushed in. On it was the unconscious form of an elderly gentleman who had collapsed at the entrance of an old apartment building a few blocks away. The R.N. on duty had glimpsed my face; knowing me, she beckoned almost frantically! The greenest of the new Far Eastern internes was in need of MUCH instant help in learning the vital mysteries of triage, Code IX and other such esoterica.

Even as the casualty was being transferred to the examing table, sudden cardiac arrest and apnea occurred. Without time to call for help we had to thump the chest, do mouth-to-mouth respiration after suctioning the airway, give stimulants by vein and intra-cardially: all the essentials of resuscitation before the days of Bernard Lown's defibrillator!

By the grace of the instantly rendered help—and never forgetting the all-pervading Deity's benign blessing—the patient was snatched from Charon's boat even as he was embarking to cross the river Styx. In the meantime, a search of his papers had identified him as PRINCE Elias Orshadze of Groozia: Trans-Caucasian Georgia! I know the Russian language; I was even dimly aware of the special status enjoyed by these Groozian nobles under the aegis of the Czar. Still! WWII was well in the past and Groozia (Georgia) had been a Soviet Republic these lengthening decades. It seemed a bit incongruous to be reading the sonorous, now completely archaic titles of an extinct Czardom.

That evening, I dropped into the Intensive Care Unit to see the old Boyar. He was actually sitting up in his bed sipping some milk. He had had an undeniable, rather large, posterior wall infarction. The E.K.G., the enzymes and all the rest just could not be caviled. It was almost amazing to see the speed of his return to the realm of the living. Of course, he did not remember having seen me in the examining room. We exchanged a few sentences; I was gratified to learn that he was an M.D.—a graduate of the Sankt Petersburg Medical Military Academy, class of 1891, if you please! The family estates had been in Abkhazia near the headwaters of the Kura river that runs down the valley of Georgia from west to east ending in the Caspian Sea south of Baku, the oil capital—the lair of Herbert Hoover in his most capitalistic days! The prince was delighted with my Russian; he was graciously tactful in saying nothing anent my Jewish faith: in his milieu, it would have been pejoratively denigrating. At the end of a mere week or so, he signed out and went home! "I'm just fine, thank you!"

For the next couple of years we kept in rather distant, casual contact. He even managed a flowery, "Thank you!" when I was able to wangle him a school physician job. Of course, he was just too proud to have ever even thought of asking for welfare assistance. And then—in an absent minded, pedestrian moment—he was flung to the ground by a careening taxi. The left hip sustained an inter-trochanteric fissure and the wrist of the same side had a nasty, comminuted fracture dislocation. This time he was taken to a voluntary hospital; I happen to be on its medical staff. He asked for

me and I saw him in a sort of consulting capacity. Again the man's elán vital amazed all beholders. The hand and arm were in the skimpiest of plaster of paris casts. The Thomas splint and traction to the pelvis were rejected after only two weeks. He was up and WALKING (of course, "against advice") at the same time. The charade of signing out was enacted just a few days later. Several nursing visits and a couple of O.P.D. trips and—presto! he was as if nothing much had transpired. I dropped in on him at his flat. To me, this call on my elederly colleague was a "happening."

When constructed in the fin de siécle decade, the building had been a real dernier-cri, six-story-architect's dream. Now, the "WASP" upper class neighborhood had gone through successive transmogrifications: all steep slides down the economic and educational scales. The outside was grimy with soot; the doors had been broken many times and never really repaired; of course, the door-men and elevator operators had long since vanished. The beautiful foyer mosaics were worn down all but to the basing concrete. This dank and musty prologue did not quite prepare me for the Prince's flat.

I rang the bell (mirabile dictu, it was still working); the long curved iron bar wedging the door firmly against unwanted intruders was flipped to the side. I was welcomed warmly by Madam Orshadze herself who dropped me a curtsey. I was startled enough to bow formally and kiss her hand in (what I hoped) was the best Old World, Victorian tradition!

The fifth floor walk-up had a long, narrow corridor extending its entire length. A couple of the feeblest of bulbs illuminated it but barely. The very first door from the entrance led into the living room. Two enormous, wall-high fenestra



lighted the place by the streaming banners of the bright afternoon sun. The furnishings of this former reception foyer were absolutely overpowered by a colossal gilt-framed painting spanning an entire wall. The Czar, his Czarina and their young hemophiliac son, the Czarevich, dominated the scene with their benign, vapid smiles of pre-WWI vintage—say about 1910. It is difficult to convey to an American reader the impact of such an avowed expression of undying, never faltering, challengingly flaunted allegiance. PRINCE Orshadze was telling the world; "Here I am! You have to take me *as* I am!—

Elaborately taped to the bottom of the frame was an ornate sash of glittering stones with a medallion in the center. My host was ensconced in a large rocking chair. He apologized for not getting up. "I'm still not too steady on my feet. I see you looking at that wonderful Royal Court sash of mine. I received it from the Czar himself for meritorious services while serving as a colonel in the medical corps during the Manchurian campaign of the Russo-Japanese War in 1905. This insignia made me an *Aide-de-Camp* of the Czar. It gave me entry to royal receptions. It is equivalent to being knighted by the English sovereign. I don't know its American counterpart."

Madame Orshadze brought some tea and sweetmeats. She was his second wife—a vigorous youngster of just past 70. We sat around and made some small talk. I learned that the doctor preened himself on being a mathematician. He passed time by trying to derive some very special equations. Their full import escaped my clinical mind. The Prince told me that his first wife had borne him an only son who was presently an engineer on the west coast and a senior citizen himself. "Young" Orshadze was helping his father with the mathematical conundrums still defying solution. The first wife had been a nurse and had died of typhus fever caught in a WWI lazarette.

The Orshadze family was related to that of THE George Sharavashadze who had placed Abkhazia under the benevolent protection of Czar Alexander I back in 1810. Being south of the Continental Divide formed by the Greater Caucasus Range, they were—technically—in Asia. The Abkhazians were a splinter ethnic group of the Groozians who were solidly ensconced in the valley of the Kura river. It was interesting to learn that the earliest Groozian alphabet had been Aramaic—the very one employed by Christ.*

Prince Orshadze was certainly steeped in the history of his people and their region. For the nonce, I

*The Abkhazians have been a subject of increasing interest because of their unbelievable record for longevity. The December 26, 1971 issue of the *New York Times Magazine* had a long article profusely illustrated on this topic. Sula Benet, the author, is publishing a monograph on this very subject. McWhirter's "Guinness Book of World Records" says in its 1971 issue (p.21) that a certain Shirali Muslimov has proof of having been born in 1807; at 164 years he certainly looks less than half the age claimed. Both the NIH and the Moscow Academy of Sciences are making a joint, very detailed analysis, trying to find the raison d'etre for this intriguing aberration.

was listening—merely asking a clarifying question now and then. The learned discourse on the Russo-Turkish War of 1877—the fate of Kars and Erzerum, etc.—are not really relevant to our present tale. I was astonished by his utter contempt for the Slavs: all of them, "Just blankety-blank m o u j i k SLAVES—"f r o m t h e German, Sklaven." Now the CZARS (and the Boyars) were *Russians.***

More than an hour passed while I was being instructed and entertained by the old nobleman's discourse. As we were parting, I told him that he reminded me of my own mother's disdain for the Russian language as being too plebeian. She made it a point to use French, German or—best of all—English, whenever possible. I could see that the old gentleman really was gratified by this comment of mine.

Time kept ticking away and we were now in the sixties. From time to time, I would encounter the Abkhazian grandee on my hospital rounds. He gladly kept filling me in on Abkhazian history—of this he was an inexhaustible well.

One day I was asked to see him in the E.R. of a municipal hospital in an outlying borough. The prince had resolutely refused to acknowledge the fact of progressing prostatic symptoms. An acute urinary retention compelled an emergency catheterization. The G.U. resident wanted me in consultation. The quart-plus of the withdrawn urine was loaded with pus and blood. The palpating rectal finger outlined a rock-hard nodule in a lobe of a markedly enlarged prostate. Inguinal glands were present. Without belaboring the obvious: our aged colleague became an emergency admission to the G.U. service.

He was loaded with urinary antiseptics; the electrolyte imbalance and the severe secondary anemia were corrected; the cardiovascular system was given anticipatory support. Within the week, our prince—to all outward appearnces—had retured to almost normal. The indwelling catheter was draining clear urine in adequate volume; the E.K.G. was satisfactory. The flat plate of the abdomen showed some ominous peri-aortic shadows but for this we were prepared.

On a Monday morning—after the consent had been signed—a most eminent urologist headed an all-star surgical team. I was scrubbed with the Code IX team that had all its paraphernalia on the instant ready, just in case. The abdominal approach was used. The worst of our fears materialized. The primary had spread beyond the capsule. The surgeons were meticulous in their dissection of the glands at the aortic bifurcation. They also succeeded in enucleating the entire prostate en masse! It took these skilled men over three hours before they were able to place their final stitch—and all this under only spinal and local anesthesia! Our amazing patient winced a few times but bore it all with absolute sangfroid! Where did the nonagenarian get all that life-sustaining verve?



The postoperative course was incredibly smooth, nary a complication! While still in the hospital, he was given the entire MOPP schedule of anti-cancer therapy: the maximal local cobalt irradiation, the folic acid antagonists, the specific antibiotics, colossal steroid dosages —you name it. He had it, plus!

The years wended their way; the sixties became the seventies. Our centenarian "youngster" continued his unruffled way. (It was almost amusing to note that, each year, he stated his age to be one year *less* than the preceding.) There had not been as much as a whisper of a recurrence. The heart continued its stout functioning: never mind the antecedent infarctions. Altogether an incredible bit of serendipity—even for an Abkhazian.

This Case Capsule had been written a couple years ago; the happy ending seemed to furnish the exactly called for "station sign-off." But, alas! This was not to be. My spry and alert but, nonetheless, aging colleague began to go blind!!! Bilateral corneal opacities could almost be seen to ripen with a rush not at all usual to their placid and slow progression. Within a year of the first blurring of vision he was all but blind. However, they were the well known, "ordinary" cataracts of old age. The ophthalmologists of today are well equipped with the techniques and tools for their routine removal. I took it upon myself to suggest the names of a few outstanding surgeons. My youngest son specializes in this very field but I refrained carefully from injecting

**See the discussion in "The Case of Intriguing Super-Ego — Id Impasse," *JISMA*, 65:207, March 1972. The Prince's prejudices were clearly slanting his reasoning but that was his privilege. I do think that his remarks anent the Dzungarian Gate may be relevant to the relations of the U.S.A. vis-a-vis Russia and China of today. The Prince reminded me of the battle of Liegnitz back in 1241. "The people in the Kremlin are *always* afraid of the invaders from the East. The Russians have *always* destroyed the invaders from the West."

a personal note. For reasons that still elude me, Prince Orshadze took the bit in his teeth and rejected them all. He knew well "a younger colleague" (only in his late eighties) whom he had known from Russian Civil War days in Wrangell's Army. He insisted on going to him. But no one could make him change his mind. I am still sad at the thought of our futile efforts to get a modern cataract surgeon tackle the job.

Let us skip the gruesome details; neither cataract extraction was successful; the Prince became permanently sightless. This hammer blow from Fate smashed to fragments his in-built joie de vivre. When I made house calls on him I would see him brooding in his chair; he drooped listlessly; even the tap of his cane as he would wander to another room was an almost ghostly reminder of the final tattoo.

One day, Madam Orshadze called me. "Dr. L., My husband has stopped eating. He says there is no further purpose to his life. What shall I do?"

It was indeed so. I took him to our hospital on the medical service. I even forced a gavage tube into his stomach. It was difficult to force *anything* at all down that resisting gullet. Guilty as I felt, I still have strong convictions re thanatology. This is not the place to discuss the topic. I did call several eminent medicos in consultation. There was a consensus. Within the fortnight, Prince Orshadze went to join his ancestors. The autopsy on the shrunken skeleton furnished no surprises.

Whatever the underlying ethnic reasons, it is just undeniable fact that the Abkhazians have fewer geriatric jitters than any other known race of mankind. Certainly, Prince Orshadze had survived terrific medical crises; he had gone on his unperturbed way, time and time again—never mind the proverbial Biblical three-score-and-ten age.

What had jarred him into sudden dissonance with his entire past? Was it because, as a doctor, he had come to realize that his blindness had been totally avoidable—had he only been less obdurate—had he only listened to sound medical advice? I wonder.

1270 Fifth Ave., No. II-R
New York City 10029

From THE JOURNAL 50 Years Ago

Exophthalmic goiter has been subject to a great deal of controversy medically. The goiter, if not operated on, causes ill health over a long period, and of itself has a considerable mortality although a number of patients with mild forms recover spontaneously. Successful reduction of the gland tissue by surgery is followed by a most spectacular and immediate disappearance of symptoms in the greater number of cases. The progress of medical knowledge concerning exophthalmic goiter has been greatly delayed by reason of the influence of certain clinicians, who, recognizing the associated involvement of the central nervous system, felt that it was a disease of that system, rather than a local condition, due to an abnormal secretion of the thyroid, and having a secondary effect on the central nervous system. Plummer's observation shows that the secretion of the thyroid gland acts similarly to a catalytic agent, accelerating the rate of formation in the cell of a quantum of potential energy. The metabolism is increased in hyperthyroid states because of an increase in the amount of the catalyst available, and inversely is decreased in myxedema because of a decrease in the amount of the catalytic agent. . . . Cases of true exophthalmic goiter, of the hyperthyroidism of adenoma are to be recognized by increased metabolism, and thus operation is avoided on patients with no increased metabolic rate, who have other forms of nervous trouble, such as dementia praecox psychoneurosis, and cardiac neurosis. The loss of much thyroid through unnecessary operation will, in the end, be harmful to such patients, even though the immediate mental condition may be somewhat improved as a result of the psychic stimulus derived from a surgical procedure reinforced by the enthusiasm of a brilliant surgeon. — **Charles H. Mayo, M.D., Rochester, Minn.,** "The Function of the Thyroid Gland and the Lowered Mortality Following its Surgical Treatment," **JISMA, January 1924.**

The Woman's Auxiliary Reports to ISMA



I am pleased to have this month's report written by Mrs. G. Beach Gattman (Ruth) who is a member of the IMPAC Board and the Commission on Legislation of the Indiana State Medical Association. She and her husband have both been active in the affairs of medicine, Dr. Gattman being a Trustee of ISMA, and Ruth has been active in Auxiliary work for many years. We are grateful to these people who take such an interest in the future of us all.

Pat Stogsdill

President Woman's Auxiliary to ISMA

I am a free citizen in a free nation.
Whoever diminishes my freedom as an individual diminishes the sum total of freedom in my country.
I am also a physician, free thus far to treat my patients to the best of my ability.
Abridge that freedom and the health of my patients is adversely affected.
These things being true, I cannot—I will not—stand idly by when these hard-won freedoms are under attack.
For I believe that the values upon which this country was founded are immutable and have not been eroded by the passage of years.
I believe that I, as a free citizen in a free land, am obligated to defend my beliefs in the ways permitted to me, and required of me, by our form of government.
Therefore, let no man seek to bar me from the political process; for it would be akin to denying my right to participate in the process that determines free government.

For most M.D.s time is a very precious commodity indeed. That's one of the reasons IMPAC was organized. IMPAC gives you an opportunity to get involved in government with others of your profession in a positive way, without taking time away from your practice or your family. Through your contributions IMPAC helps fund the campaigns of medicine's friends at the same time it's working to make more new friends for medicine. Its goals are educational and political. When you CAN get involved we'll show you how to effectively "plug into" a campaign and give you the tools so that you can do the best possible job.

What the above political creed states so simply, yet so effectively, is that your involvement in the political process is important—very important. Now more than ever before in our government we need intelligent people to care enough to get involved. For a fifty dollar contribution each year you and your wife can help make it possible for IMPAC to tell medicine's story as it should be told. Can you afford not to join?

Please make your check payable to IMPAC and mail today to the Indiana Medical Political Action Committee, 6271 Washington Boulevard, Indianapolis 46220. We've a big job to do, but your participation could make the difference in success or failure for medicine. Let's all pull together and do the job right.

Mrs. G. Beach Gattman
Secretary, IMPAC



We believe in being better

We believe in being better.

A strong statement, but one we, Blue Cross and Blue Shield of Indiana, can back up.

We're more than an insurance company. We believe our job includes working to stabilize health care costs every way possible—through hospital rate reviews, peer reviews of physician charges, out-patient surgery, pre-admission testing. Do you realize that the hospital cost in Indiana is $20 per day below the national average?

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But Blue Cross and Blue Shield of Indiana will not stop here. We have a philosophy that keeps us unsatisfied and uncomfortable enough to continue searching for ways to improve. It's a way of life. For we believe in being better.

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Blue Cross of Indiana

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(One of a series of ads being run in key Hoosier newspapers)



The irritations of man's day are often reflected in his gut.

The causes of irritable colon and the diarrheal symptoms that often accompany it can be as diverse as the systemic and emotional irritations man is faced with daily.

Although the mucoid nature of stools and the occurrence of diarrheal episodes coincident with times of emotional stress may be valuable clues to the functional nature of the disorder, irritable colon must often be diagnosed by exclusion. Such diagnostic exploration takes time. Discovery of the nature of any emotional problems may take more. During that time, Lomotil® is an ideal agent for controlling diarrheal symptoms.

Lomotil tablets are small, easy to carry and easy to take. They act promptly and effectively. Secondary effects are relatively infrequent and, once the first force of the diarrhea is controlled, maintenance is frequently effective on as little as one fourth of the initial dosage.

These same characteristics make Lomotil useful in controlling the diarrhea associated with gastroenteritis, antibiotic therapy and acute infections.



Lomotil®

TABLETS/LIQUID

Each tablet and each 5 ml. of liquid contain:
diphenoxylate hydrochloride . . . 2.5 mg.
(Warning: May be habit forming)
atropine sulfate 0.025 mg.

takes care of the gut issue n irritable colon

IMPORTANT INFORMATION: *This is a Schedule V substance by Federal law; diphenoxylate HCl is chemically related to meperidine. In case of overdosage or individual hypersensitivity, reactions similar to those after meperidine or morphine overdosage may occur; treatment is similar to that for meperidine or morphine intoxication (prolonged and careful monitoring). Respiratory depression may recur in spite of an initial response to Nalline® (nalorphine HCl) or may be evidenced as late as 30 hours after ingestion. LOMOTIL IS NOT AN INNOCUOUS DRUG AND DOSAGE RECOMMENDATIONS SHOULD BE STRICTLY ADHERED TO, ESPECIALLY IN CHILDREN. THIS MEDICATION SHOULD BE KEPT OUT OF REACH OF CHILDREN.*

Indications: Lomotil is effective as adjunctive therapy in the management of diarrhea.

Contraindications: In children less than 2 years, due to the decreased safety margin in younger age groups, and in patients who are jaundiced or hypersensitive to diphenoxylate HCl or atropine.

Warnings: Use with caution in young children, because of variable response, and with extreme caution in patients with cirrhosis and other advanced hepatic disease or abnormal liver function tests, because of possible hepatic coma. Diphenoxylate HCl may potentiate the action of barbiturates, tranquilizers and alcohol. In theory, the concurrent use with monoamine oxidase inhibitors could precipitate hypertensive crisis.

Usage in pregnancy: Weigh the potential benefits against possible risks before using during pregnancy, lactation or in women of childbearing age. Diphenoxylate HCl and atropine are secreted in the breast milk of nursing mothers.

Precautions: Addiction (dependency) to diphenoxylate HCl is theoretically possible at high dosage. Do not exceed recommended dosages. Administer with caution to patients receiving addicting drugs or known to be addiction prone or having a history of drug abuse. The subtherapeutic amount of atropine is added to discourage deliberate overdosage; strictly observe contraindications, warnings and precautions for atropine; use with caution in children since signs of atropinism may occur even with the recommended dosage.

Adverse reactions: Atropine effects include dryness of skin and mucous membranes, flushing and urinary retention. Other side effects with Lomotil include nausea, sedation, vomiting, swelling of the gums, abdominal discomfort, respiratory depression, numbness of the extremities, headache, dizziness, depression, malaise, drowsiness, coma, lethargy, anorexia, restlessness, euphoria, pruritus, angioneurotic edema, giant urticaria and paralytic ileus.

Dosage and administration: ***Lomotil is contraindicated in children less than 2 years old.*** Use only Lomotil liquid for children 2 to 12 years old. For ages 2 to 5 years, 4 ml. (2 mg.) t.i.d.; 5 to 8 years, 4 ml. (2 mg.) q.i.d.; 8 to 12 years, 4 ml. (2 mg.) 5 times daily; adults, two tablets (5 mg.) t.i.d. to two tablets (5 mg.) q.i.d. or two regular teaspoonfuls (10 ml., 5 mg.) q.i.d. Maintenance dosage may be as low as one fourth of the initial dosage. Make downward dosage adjustment as soon as initial symptoms are controlled.

Overdosage: Keep the medication out of the reach of children since accidental overdosage may cause severe, even fatal, respiratory depression. Signs of overdosage include flushing, lethargy or coma, hypotonic reflexes, nystagmus, pinpoint pupils, tachycardia and respiratory depression which may occur 12 to 30 hours after overdose. Evacuate stomach by lavage, establish a patent airway and, when necessary, assist respiration mechanically. Use a narcotic antagonist in severe respiratory depression. Observation should extend over at least 48 hours.

Dosage forms: Tablets, 2.5 mg. of diphenoxylate HCl with 0.025 mg. of atropine sulfate. *Liquid,* 2.5 mg. of diphenoxylate HCl and 0.025 mg. of atropine sulfate per 5 ml. A plastic dropper calibrated in increments of ½ ml. (total capacity, 2 ml.) accompanies each 2-oz. bottle of Lomotil liquid.

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Governor Bowen Wins Benjamin Rush Award



Mr. Howard F. Haneman, (left) trustee of the Sheen estate, presented Governor Otis Bowen with a check for $5,000 and AMA President Russell Roth presented him with a plaque commemorating his selection to receive the first award of the Rodman E. Sheen—Thomas G. Sheen Trust, entitled the "Benjamin Rush Award of Citizenship and Community Service," at the AMA Convention in California last month.

(*The Journal* is pleased to be able to publish below Dr. Bowen's remarks at the time of the presentation.)

Thank you very much, Mr. Haneman, and a very, very special greeting and thank you to my fellow Hoosier physicians. I am grateful; I am a little bit overwhelmed and almost speechless and that is a rarity for a politician. I feel very inadequate, not only in words to express my thanks, but also in comparison to so many of you other physicians who are, without doubt, much more deserving of this spendid award. To receive the award is a great pleasure but the fact that I received it after having been nominated and having been judged by my peers makes it all the more meaningful to me.

I want to thank the Indiana physicians who have played such a big part in my political career. They have backed me in every possible way and I owe a big part of whatever success I may have had to them. . . .

I would also like the further luxury of recognizing and asking all the Indiana delegation—physicians, wives and other attendants—would they please stand and be seen? These are some of the greatest people in the world, believe me. For physicians are a potent political force, but I believe they could be even more influential if greater unity and a little more planned effort were utilized in the political endeavors. Doctors have always played a big part in American government since the birth of our country—I would have you to witness the signers of the Declaration of Independence. But I am most grateful, Mr. Haneman, to Dr. Rodman E. Sheen and the late Thomas G. Sheen for making this award possible.

I believe I owe to you an explanation of what I intend to do with this generous monetary award. I intend to start a revolving no-interest loan fund which will be available to medical students who agree to practice medicine in communities which have a doctor shortage. I have not had the time to work out the details, but it is my hope that other members of the medical profession, financial institutions and civic organizations in areas where doctors are too few in number would be willing to participate in establishing funding necessary to make this program a successful technique for attracting physicians to Hoosier cities and towns. The $5,000 will be the beginning of a plan consistent with the spirit behind the Benjamin Rush award.

Thank you all again. I will do my very best to continue to merit your confidence.

The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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Guest Editorials

God Bless America

I am an American-flag waver from way back.

And I am tired of hearing uninformed and unappreciative characters tell me that they do things better in India or that people are happier in Italy or that children eat better in Finland. One was a guest in my home, and a nonworker and an adult student, who spoke glowingly of England and Germany; and I asked him if he knew anything about England and he said no, and I asked him if he had read anything about Germany and he said no. When I am told that we watch the clock here, I say that we have something to look forward to.

Life is good here, and we help so many countries where they need help. We are healthy here, we are not disease-ridden; and physicians come here from other lands, to study medicine at our schools.

When I hear anybody downgrade this country, I cannot keep silent. These individuals are blind and will not see that things go well here, and that this country is so good to them that while they enjoy its benefits, it lets them criticize. But the critics I have heard did not know what they were talking about.

We do not need to say—Right or wrong, my country. Anesthesia was invented here. Lung surgery began here. Coronaries were diagnosed here. Breast surgery was pioneered here, and so was transurethral surgery. Thalidomide was stopped here. And medical progress goes on faster here than in other countries. I am weary of hearing about British midwives and Russian not-really doctors, and England's socialized medicine where you wait for months, and Chinese barefoot doctors.

This country has been good to me.—**Frank Cole, M.D., Editor,** *The Nebraska Medical Journal,* **September 1973.**

Sometimes Research Is Downright Silly

WHILE America's millions anxiously await discovery of cures for the likes of cancer and heart disease, medical researchers at Harvard University have spent the last two years rubbing Vicks Vaporub on the chests of little mice.

Were they trying to make the mice all better, you ask? Silly you. Actually, they were trying to make the mice sick.

Medical researchers have found if they subject mice or rats to enough of almost anything over a long enough period of time, it will make the rodents sick. And once the rodents are sick, the researchers can call a news conference, write articles for their trade journals and, hopefully, secure more funds to make more rodents sick.

If they are really lucky, they can get the Food and Drug Administration to ban whatever it was that finally did a number on the critters —witness the wars against cyclamates, saccharin and deadly vitamin C.

Anyway, after two years of rubbing Vicks Vaporub on the chests of little mice, the Harvard researchers concluded that the decongestant suppresses "the natural immune defense of mice, making them more susceptible to bacterial pneumonia."

Harvard will find this irrelevant, but it should be noted that the makers of Vaporub report that in 68 years of product use, there is not a single instance of the same phenomenon occurring in human beings.

Although the Harvard report should not result in Vicks Vaporub

being banned from the shelves, if the FDA reacts according to form, you can at least expect the following warning to begin appearing on the labels: "Keep out of reach of mice."

Apparently, cancer can wait. **—Jim Fiebig. Copyright by General Features Corporation. From the** *Indianapolis Star* **Oct. 31, 1973. Reprinted with permission.**

Records, the Law, and Strife

SENATOR SAM ERVIN of North Carolina related the anecdote of the lawyer who, when asked to offer a prayer, said: "Lord, let there be an abundance of strife among thy people, lest thy servant perish!" With the increasing number of servants, especially those working on a contingency basis, there has become a premium on *bona fide* strife. One of the greatest challenges to the source of strife and income for lawyers has been the institution of no-fault automobile insurance. One needs only to ask what happened to the $61,000,000 in consumer savings accrued in the first year of no-fault insurance in Massachusetts and the $100,000,000 in consumer savings declared last year in Florida to realize the magnitude of the financial losses to members of the legal profession should no-fault insurance be adopted on a national basis. I have yet to meet a lawyer who was in favor of no-fault insurance, and indeed five lawyers from Virginia, two from West Virginia, and one from North Carolina, have in open conversation admitted that should no-fault insurance be adoped in their States, they would by necessity turn their attention more to medico-legal suits. Since legislatures are largely made up of lawyers who have been or will be practitioners of law, there cannot help but be some conflict of interest resulting in impasses occurring when no-fault insurance legislation reaches the floor. In the State of West Virginia the issue was successfully deferred by the legislature for at least another year.

It should be obvious then that many lawyers are not in favor of no-fault automobile insurance, and their influence may impede its acceptance throughout the nation. It is nonetheless likely that no-fault insurance will be adopted in most states sometimes in the future, at which time some members of the legal profession have indicated that they would turn their activities in the direction of medical malpractice.

In 1972 legislators, again who are largely members of the legal profession, provided lawyers with an instrument for obtaining complete medical files and records from physicians practicing in the Commonwealth of Virginia. A physician in Virginia under the authority of Rule 4:9(c), Rules of Court effective March 1, 1972, may be summoned to produce at the offices of requesting attorneys complete medical files concerning particular clients. Consider for a moment impact of this instrument, should members of the legal profession be "forced" to redirect their financial aspirations toward medical malpractice. Therefore, it seems important for physicians in the Commonwealth of Virginia to be aware of the possible trends in medical malpractice activities in a state previously not desperately plagued by malpractice suits. A great acceleration in medical malpractice activities should be anticipated if lawyers are unsuccessful in blocking the adoption of no-fault auto insurance in Virginia. Physicians should also be aware of the instrument—Rule 4:9(c)—presently being used by lawyers to obtain information, and its possible repercussions should malpractice activities accelerate. If the application of this instrument to medical malpractice cases has not occurred to lawyers, I would seriously question their intellectual capacity. It should follow then that physicians should be extremely cautious in record-keeping and should in every instance review any material which is turned over to lawyers under the authority of Rule 4:9(c). Should there be any information contained in the records which might conceivably be interpreted as malpractice, the physician should recognize his Constitutional Right of Silence to withhold such information as he sees fit for the particular case. The outcome of the Ellsberg trial would seem to justify further faith in the value of individual rights over legal systematics.—**William M. Chadduck, M.D.,** in *The Virginia Medical Monthly,* **November 1973. Reprinted with permission.**

Editorial Notes . . .

Pharmacist Max Feinberg, assistant chief of Technical and Quality Assurance, Department of Defense, warns against preoccupation with drug costs at the risk of poor quality. He cites examples of serious defects in drug products which are demonstrated by Department of Defense inspectors prior to government consideration of purchase. He disagrees with Dr. Henry Simmons, formerly director of the FDA Bureau of Drugs, who is quoted as saying that there is no real difference between brand and generic drugs.

The FDA has proposed a new prescription drug price posting regulation. The regulation would presumably apply in all states where the practice is not prohibited. The price posting or advertising of Rx drugs, according to the proposed Regulation, must include the brand name, the name of the manufacturer, the name of the packer or

distributor, the dosage form, and the price. The advertised price must include all charges—the cost of the product, the professional fees, handling fees, mailing fees, etc. All this is supposed to make drugs more economical and more effective.

The Indiana Society for the Prevention of Blindness and the Indiana State Board of Health have joined in an information campaign regarding the prevention of ophthalmia neonatorum. Indiana Regulation requires the instillation at birth of 1% silver nitrate solution in each eye of the newborn. A "Position Statement" on the subject may be obtained by writing the Society at 2511 E. 46th St., Indianapolis 46205.

The Veterans Administration reports that volunteers who serve disabled veterans in VA hospitals gave almost 10 million hours during 1973. The largest amount of time is spent by volunteers in rehabilitation services to veterans. The VA classifies such assistance as services "money couldn't buy."

The FDA is studying the problem of processing and evaluating the enormous volume of data contained in a New Drug Application. Most NDA's are equivalent to a small library and must be read, digested, compiled and evaluated by a small group of scientists. FDA has a contract with Auerbach Associates of Philadelphia to determine the feasibility of adapting an information and retrieval system for this purpose.

Prescription inventory data reveal that, in 1967, the average prescription inventory was 13.8% of sales, whereas in 1972 the figure had dropped to 12.4%. This fact cancels one argument advanced in favor of prescription substitution without the physician's knowledge. Retail pharmacies are managing their inventories quite satisfactorily; they don't need substitution for inventory reasons and, in fact, most of them do not want it.

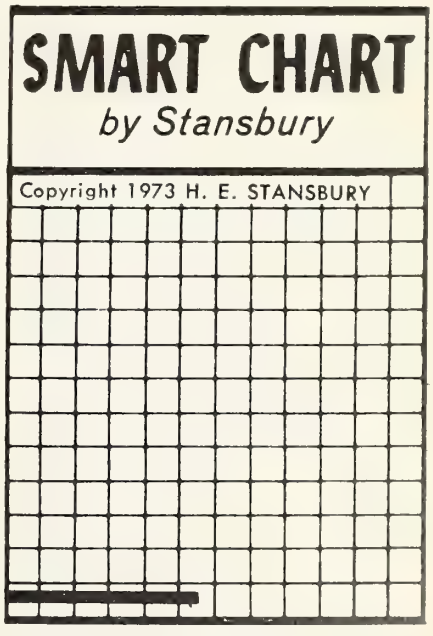
In fiscal 1973, the VA hospitals assisted in the training of 28% of the nation's medical students, 25% of its new medical specialists, and 21% of its interns. More than 65,000 physicians, nurses and other health workers received clinical training in 1973, an increase of 9,000 over 1972.

Prescription medicines are defying inflation. The Consumers Price Index for 1969-1973 showed repeated declines in drug cost while other prices climbed. During Phase I in 1971 all items went up 1.4%, drugs went down 0.4%. During Phase II all items rose by 3.6%, prescription drugs declined by 0.9%. In Phase III all items went up by 9.1%, drugs were down by 0.5%. Between III and IV all items were increased by 9.5%, drugs were up by only 1.2%. These are all at the retail level. The Wholesale Price Index from 1961 to 1973 showed all items up by 44% while ethical pharmaceuticals declined by 7.5%.

Nine out of every ten Americans finance their health care through private health insurance. The Health Insurance Council reports the steady and rapid increase of private health insurance coverage since 1940. Better than 170 million persons under the age of 65 are covered by hospital insurance. Over 78 million have major medical coverage.

The myth that generic prescribing will always save the patient money was recently supported by an ad in the "New Republic" stating that a brand name drug used to treat hypertension sells for $4.50 under its brand name and for only 99 cents under its generic name. The ad was misleading in the extreme. The PMA reviewed the facts and found that one of the reliable brand name preparations of the same drug sells for 95 cents; still another quality brand is listed at just over a dollar.

Critics of the pharmaceutical industry frequently criticize pricing policies by citing examples of brand name drugs which are sold in Europe at lower prices than in the U.S. Most of the publicized examples are related to drugs which are manufactured in Europe by U.S. firms. Lower wage scales in Europe naturally result in lower wholesale and retail pricing. ◄



"But our bookkeeper said you IRS people never bothered with us little guys."

Report on Board of Trustees Meeting of the Indiana State Medical Association

CONVENTION PROBLEMS AND CONVENTION PLANNING TO GET SPECIAL ATTENTION from Board of Trustees. Chairman of the Board Santare named Doctors Ferrara, Gattman, and Ingram to subcommittee to study ways to improve participation and income.

LACK OF PRIMARY CARE PHYSICIANS IN 11th DISTRICT TRUSTEE'S REPORT cited as by far the most serious problem in north central Indiana. In the report to the House of Delegates, Dr. Harshman, trustee from that district, said nothing has happened in the past two years to change the picture. The family practice programs in the state are slow in getting started and the demand far exceeds the supply, the report said. The Board referred the report to the Indiana University School of Medicine.

FUTURE PLANNING COMMITTEE ASKED TO STUDY AND REPORT BACK on the Allen County Medical Society's proposal for changing meetings of the House of Delegates to more effectively coordinate activities of the Association with legislative programs. Locations for future conventions of the Association as currently projected are 1974, Indianapolis; 1975, French Lick; 1976 and 1977, Indianapolis; and 1978, French Lick.

MEMBERSHIP DUES FOR STUDENTS GIVEN CONSIDERATION BY THE BOARD as an outgrowth of House of Delegates action to grant memberships to students. The Board referred the matter to the Commission on Constitution and Bylaws with the request that they consider such dues and report back to the Board. Since this action is a constitutional one, final action on the matter will be taken at the 1974 House of Delegates meeting.

JOINT PRACTICE COMMITTEE REQUESTED $1000 FROM BOARD as a one-time grant to assist group to set up an independent organization of nurses and physicians. Indiana Nurses Association has allocated $1,000 for this purpose already. Board felt they needed more explanation of the group's intent and objectives and will ask the chairman of the Commission on Interprofessional Relations to appear at the next meeting for future explanation.

NEW MEDICAL PRACTICE ACT AND ITS INTRODUCTION INTO THIS YEAR'S LEGISLATURE received lengthy discussion by the Board. Final outcome of the pro and con discussion was that legislation will not be introduced this year but that an amendment to the current Act be introduced to give the Board of Medical Registration and Examination the power to suspend a physician's license pending review by the courts. Board felt that there was too much strong opposition to the new Medical Practice Act by physicians to proceed with the introduction of the Act at this time.

CONTINUING EDUCATION ACCREDITATION PROGRAM TO RECEIVE UP TO $10,000 to conduct this program in Indiana for the forthcoming year. The Board will ask the chairman of the Commission on Medical Education and Licensure to appear at the next Board meeting to explain specifically how the money will be utilized through the addition of a staff person to oversee this program.

PROPOSED EMERGENCY MEDICAL SERVICES BILL REVIEWED BY THE BOARD and will be referred to the Commission on Legislation for implementation through the legislature.

FAMILY PRACTICE RESIDENCY PROGRAM FOR INDIANA was also reviewed and recommendation was made that a bill be introduced by the Commission on Legislation concerning development of such programs.

IN OTHER ACTIONS DEALING WITH LEGISLATIVE MATTERS, the introduction of a "Death with Dignity" bill was moved but will not be introduced because of the lack of a second to the motion. Last year's attempt to introduce a similar bill met with no action because legislators did not want to sponsor such a bill. Also passed on to the Legislative Commission were bills dealing with medical loan funds for students and requirements for licensure in the healing arts.

REJECTION OF QAP AND

TAPP PROGRAMS CALLED FOR IN RESOLUTION ADOPTED BY ISMA BOARD. ISMA delegates to AMA instructed to introduce resolution to AMA House of Delegates at Anaheim. Resolution states that quality of care is the proper function of the physician through his medical society and hospital staff and that the two programs involve great expense and non-physician review. QAP is the Quality Assurance Program of the American Hospital Association. TAPP is the Trustee-Administrator-Physician Program of the Joint Commission on Accreditation.

RESOLUTION 73-20 ASKING FOR PHYSICIAN MEMBER on State Highway Commission, modified by the House of Delegates to a "physician advisor," will be sent to the Commission and others for implementation.

IN RESPONSE TO PSRO RESOLUTION ADOPTED BY THE HOUSE OF DELEGATES, the Board considered the following questions on establishing an independent corporation to accomplish peer review and quality control in medical care: What type of organization should be established? What will its function be and how will it be funded? After lengthy discussion the Board adopted a motion to proceed with the organization of a non-profit corporation with the advice of the legal counsel of ISMA and report back to the Board before final steps in such organization are completed.

MEMBERS OF THE BOARD OF TRUSTEES ASKED TO CONTACT CONGRESSMEN personally on objections to PSRO and stand of ISMA. Board also passed a motion that a letter be sent to every Indiana congressman advising them of ISMA action on PSRO with note that they would be contacted by a Trustee.

POLICY OF NO CONTRACTS WITH PROPRIETARY HOSPITALS BY BLUE CROSS asked to be withdrawn by ISMA Board of Trustees. In a resolution the Board points out that more and more communities are finding themselves in a "position where it is impossible, because of present tax burdens to make the necessary improvements or replacements as required by the State Board of Health and that one of the most pressing needs in Indiana is to improve the quality of medical care in smaller communities, and the best way to do it is to improve facilities so that new doctors will be attracted to those communities." The resolution asks that proprietary hospital plans and development in communities be judged on individual merit by Blue Cross.

RELEASE OF MEDICAL INFORMATION IN REPORT OF THE AMA COUNCIL ON MEDICAL SERVICE discussed. In the report it is suggested that indiscriminate photocopying of patient's records be discouraged. In connection with this statement, the Board was told that there are third parties getting written consent from patients to obtain physicians' records for insurance purposes and that this was an extension of intrusion into the confidentiality of patient records with possible legal implications for physicians.

ESTABLISHMENT OF A FOR-PROFIT CORPORATION TO SET UP PROFESSIONAL LIABILITY PROGRAM for members of the ISMA was given go ahead by Board. In addition, a survey will be made of the membership to determine interest of members in the program. Investigation by the Commission on Medical Economics and Insurance through the past year has shown such programs are working to the benefit of an association and its membership. The corporate bylaws will be reported back to the Board for approval before additional procedures take place. Board authorized up to $1,000 to accomplish these preparatory steps.

PLANS GOING ON THE DRAWING BOARD FOR EXPANSION OF THE ISMA HEADQUARTERS by action of the Board of Trustees. Week-long use of the building by the membership and allied health and medical groups, lack of parking space, lack of necessary office space, lack of storage space and anticipation of future needs for the Association are some of the reasons for expansion plans. Potentiality of holding House of Delegates' meetings in the new headquarters a real possibility with accompanying lesser costs. Board authorized up to $15,000 for architectural fees, drawings, etc.

Vincent J. Santare, M.D.
Chairman of the Board

"Today's Medicine" Popular with Physicians

"TV DINNERS" are becoming popular among physicians at 26 hospitals around the state where noonhour Continuing Medical Education (CME) programs are received on WAT 21, closed circuit medical television.

"Today's Medicine," a series of color programs featuring two-way communication between viewing hospitals and the TV studio at the Indiana University School of Medicine in Indianapolis, is seen at 12 Noon each Tuesday. The 30-minute programs have been scheduled for noon rather than during morning hours in order to reach more physicians and offer them efficient use of even a hurried lunch hour.

WAT 21, operated by the Medical Educational Resources Program of the Indiana University School of Medicine, broadcasts pre-recorded CME programs four hours a day, five days a week. "Today's Medicine" is unique because it offers an opportunity for an interchange of ideas between speakers and viewers on a weekly basis. Each hospital on the "network" has a viewing area equipped with a special telephone which is directly connected to the TV studio.

Because of this two-way communication, "Today's Medicine" programs are accepted by the American Medical Association for Category I credit toward the AMA's Physician's Recognition Award. All WAT 21 programs are also accredited by the American Academy of Family Physicians and the American College of General Practitioners in Osteopathic Medicine and Surgery.

Forms certifying participation in this type of Continuing Education and more information on accreditation are available from the Division of Postgraduate Medical Education, Indiana University School of Medicine, 1100 W. Michigan St., Indianapolis 46202.

Physicians who practice in an area not served by WAT 21 may request videocassette or one-inch videotape copies of the programs for viewing at any of the more than 50 hospitals on the Videotape Mailing Network. Postgraduate credit may also be earned in this way.

For more program information contact: WAT 21 Station Manager, Medical Educational Resources Program, Indiana University School of Medicine, 1100 W. Michigan St., Indianapolis 46202 (telephone: 317-264-4316).

The topics listed below will be presented in the next few weeks:

Jan. 8 "Dealing with the Diabetic" Charles Clark, M.D.

Jan. 15 "Polytome Equipment: Precise Applications of Radiation" Monte Chaille, B.S.R.T., Charles Helmen, M.D.

Jan. 22 "Genetics of Sickle Hemoglobin" Joe Christian, M.D.

Jan. 29 "The Pathogenesis of Immunologic Deficiency" Joshua Edwards, M.D.

Feb. 5 "Neonatal Intestinal Obstructions" Jay Grosfeld, M.D.

Feb. 12 "Clinical Pharmacology of Digitalis" A. M. Watanabe, M.D.

Feb. 19 "Depression—The Most Common Emotional Disturbance" John Nurnberger, M.D.

WAT 21 VIEWING AREAS

Ball Memorial (Muncie)
- Doctors' Dining Room
- Bingham Hall—Family Practice Office

Bloomington
- 1-East Lounge

Community (Indianapolis)
- Medical Education Conference Room
- Doctors' Lounge (1st Floor)

Good Samaritan (Vincennes)
- Physicians' Surgical Lounge
- Nurses' Surgical Lounge

Home (Lafayette)
- Conference Room

Howard Community (Kokomo)
- Staff Library

Marion County General (Indianapolis)
- Myers Bldg. 7th Floor Conference Room

Memorial (South Bend)
- Doctors' Dining Room

Methodist (Gary)
- Room 230

Methodist (Indianapolis)
- Surgeons' Lounge
- Kelly's Lounge
- Medical Education Conference Room 4A
- Media Center
- Medical Lecture Room

Osteopathic (South Bend)
- Osteopathic Center

Our Lady of Mercy (Dyer)
- Doctors' Lounge

Purdue Student Hospital (W. Lafayette)
- Medical Library

Riley Hospital for Children (Indianapolis)
- Medical Science Bldg., Room 119

St. Catherine (East Chicago)
- Library

St. Elizabeth (Lafayette)
- Conference Room

St. Francis (Indianapolis)
- Contact the Staff Education Office

St. Joseph (Kokomo)
- Doctors' Lounge

St. Joseph (Mishawaka)
- Doctors' Lounge

St. Joseph (South Bend)
Pauline Room
St. Margaret (Hammond)
Conference Room—Education Wing
Doctors' Lounge—1st Floor
Doctors' Lounge—4th Floor
St. Mary Mercy (Gary)
Medical Education Room

St. Vincent (Indianapolis)
Medical Education Conference Room
Surgery Lounge
Doctors' Cloak Room

University (Indianapolis)
Medical Science Bldg. Rm. 119

Veterans Administration (Indianapolis)
Room A237
Room B206

Winona Memorial (Indianapolis)
Doctors' Dining Room
Crestshire Conference Room

Schedule of Upcoming NCME Programs

Upcoming programs distributed by the Network for Continuing Medical Education (NCME) of New York and telecast on WAT 21 are listed below. Consult the monthly WAT 21 Program Schedule for exact times and dates of the telecasts and/or contact your hospital's Director of Medical Education for information on tape playbacks in the hospital. (WAT 21 hospitals and viewing areas were listed in the November issue of **The Journal** on page 980.)

Dec. 31-Jan. 13 THE EXERCISE PRESCRIPTION, with Nanette K. Wenger, M.D., Professor of Medicine, Division of Cardiology at Emory University School of Medicine, and Director of Cardiac Clinics and Program for Cardiac Evaluation and Medical and Vocational Rehabilitation at Grady Memorial Hospital, Atlanta, Ga. and William L. Haskell, M.D., Physiologist, Stanford University Medical School Heart Disease Prevention Program, Co-director, University of Stanford Cardiac Rehabilitation Program, Palo Alto, Calif.

SKYLAB: CLINIC IN ORBIT, with Captain Joseph P. Kerwin, M.D., U.S.N., from NASA headquarters, Houston.

OFFICE SCREENING FOR CHRONIC LUNG DISEASE, with Spencer Koerner, M.D., Chief, Pulmonary Medicine, Montefiore Hospital and Medical Center, New York.

Jan. 14-Jan. 27 DIAGNOSING THE INFLAMED BOWEL, with Marvin M. Schuster, Director of Gastroenterology, Baltimore City Hospitals, and Associate Professor of Medicine, Assistant Professor of Psychiatry at Johns Hopkins University School of Medicine, Baltimore.

FAILURE TO THRIVE, with Aaron R. Rausen, M.D., Director of Pediatrics at Beth Israel Medical Center, and Professor of Pediatrics, Mount Sinai Medical Center, New York.

PRIMARY TREATMENT OF SOFT TISSUE INJURIES, with Ronald B. Berggren, M.D., Professor and Director of the Plastic Surgery Division, Ohio State University College of Medicine, and Thomas S. Morse, M.D., Assistant Professor of Surgery, Ohio State University College of Medicine, Columbus.

For more information about NCME, write the Network for Continuing Medical Education, 15 Columbus Circle, New York, N.Y. 10023.

(Program scheduling subject to change)



ABSTRACTS, BOOK REVIEWS

PHYSIOLOGICAL BASIS OF MEDICAL PRACTICE

Best and Taylor, 9th edition; edited by John Brobeck, Williams & Wilkins, Baltimore, 1973; about 1,500 pages; innumerable tables, drawings, etc.

This ninth edition marks a watershed in the continuing existence of a classic text book and monograph. I am reminded of the break between the 16th and 17th editions of Osler's textbook on medicine. One could also think of Cecil's "Textbook of Medicine" after Beeson and McDermott took over. Other examples could be cited but there is no use in belaboring the point.

Dr. John R. Brobeck has gathered a completely new group of associates: all of the younger generation. He divided the book into no less than **Nine** sections—each with a specific section editor. Each of these called on several associates to help write that specific section: be it Digestion, Circulation, Urine, Endocrine Systems, or what have you (nine in all).

The overall plan called for completely independent sections that could be published in toto separately. Dr. Brobeck "merely" edited the over-all result and trimmed to size to avoid too huge a bulk.

It was a pleasant education reading this monograph page by page. I'm sure that Drs. Best & Taylor would have nodded appreciatively had they been still in this world. The paper, binding and graphics cannot be faulted.

This volume will become a standard reference and teaching manual for the upcoming generations of doctors. The physician in practice, also, cannot fail but be edified by having this text handy for quick reference.

ARNOLD LIEBERMAN, M.D.
New York City

MAN, FOOD AND NUTRITION

Edited by Miloslav Rechcigl, CRC Press, Cleveland, 1973; $29.95.

MAN, FOOD AND NUTRITION is well keynoted by a quotation from the late President John Kennedy when he spoke to the World Food Congress in 1963: "So long as freedom from hunger is only half achieved, so long as two-thirds of the nations have food deficits, no citizen, no nation, can afford to be satisfied . . ." This philosophy lies behind the publication of MAN, FOOD AND NUTRITION. The editor, Miloslav Rechcigl, is Nutrition Advisor and Chief, Research and Institutional Grants Division, Agency for International Development, U.S. Department of State, Washington, D.C. He has an impressive background in nutrition and has published widely in the field. As editor of this volume, he has enlisted some 24 leading nutritionists from various parts of the world, who prepared essays under the general headings of "The World Food Problem," "Expanding Food Production," "Reducing Wastes and Spoilage of Foodstuffs," "Use of Unconventional Sources of Food," "Improving Nutritional Quality of Food," and "Food and Nutrition Policy." The text is well written and the information clearly presented. Photographs, charts, graphs, maps, and tables are generously used, and to good advantage. The book features a list of abbreviations and symbols, so often neglected in technical writings. It has a comprehensive author index and a detailed and lengthy subject index. The print is easily readable, and the binding of imitation leather is unusually attractive. It can be enthusiastically recommended for those interested in alleviating the world food problem. Those desiring a copy of the book should contact the publisher, CRC Press, a division of Chemical Rubber Company, 18901 Cranwood Parkway, Cleveland, Ohio 44128.

W. D. SNIVELY, JR., M. D.
Evansville

MANUAL OF NUCLEAR MEDICINE PROCEDURES

J. W. Keys, Jr., M. D., James E. Carey, M. S., David C. Moses, M.D., William H. Beierwaltes, M. D., 2nd edition, CRC Press, Cleveland, 1973; $12.50.

The opening statement in this publication is "Our hope in assembling this manual is to provide a useful working reference for the clinical nuclear medicine laboratory." This book fulfills the desires of the authors. This manual can be seen in every nuclear medicine laboratory in the country.

Well, then, the next step is—how would this publication benefit the practicing physician?

This manual gives the busy clinician two important bits of information that will tell him if a nuclear medicine procedure will help make the diagnosis:

1) the principle or rationale of the procedure, and
2) the limitations of the procedure.

A glance at these two sections will help the physician determine if the time and expense of the procedure is justified. There is already some socioeconomic pressure for the primary physician to make a written justification for the nuclear medicine procedure he wishes to order.

This manual can also be put to good use in understanding the complexities of using radioactive material. One can find the answers to such practical questions as: (a) What can be done to better prepare the patient for the procedure? (b) When is a delayed brain scan better than an early brain scan? (c) Why are multiple tracers better in a renal work up? or (d) Which procedure will "goof up" another procedure if they are not done in proper order or at specific time intervals?

It must be remembered that nuclear medicine procedures are based on metabolic processes, physiological dynamics, and/or biochemical changes, not on morphology, anatomy or histology. Consequently, they reflect functional changes in organs and tissues.

Granted, this manual is not directed at the practicing physician but it can provide a quick reference to many questions concerning nuclear medicine.

HAROLD F. TAYLOR, M. D.
Indianapolis

A SURGEON'S ODYSSEY

Loyal Davis, M.D., Doubleday and Co., Garden City, N.Y., 1973; 336 pp.; $8.95.

Dr. Davis, known as a leader of American surgery for two generations, has written his autobiography. His medical life

Continued

bridges the time of the great individualists in the "Golden Age" of surgery to the present when university professors are in the forefront of surgical progress in this country. His story will be of solid interest to those who wish a panoramic view of this era.

The writing style is of no mean quality (for he is a man with some claim to literary distinction in addition to prowess in clinical teaching, operative neurosurgery and investigative research), for in 1933 he published the biography of another, perhaps the greatest American surgeon, which is entitled, "J. B. Murphy, The Stormy Petrel of Surgery." It sold over 25,000 copies here and in England. In the present volume he traces his own life from boyhood in Galesburg, Illinois, where his father was an engineer on the Burlington, through his training in Chicago and Boston (the former under Allen Kanavel and the latter under Harvey Cushing) and finally records his years of maturity as Chairman of the Department of Surgery at Northwestern, and editor of both "Surgery, Gynecology and Obstetrics" and "Christopher's Textbook of Surgery." He was President of the American College of Surgeons and the American Surgical Association. Finally, he was made an honorary fellow of the Royal College of Surgeons of both London and Edinburgh. This last is the more ancient and perhaps more prestigious.

His book is a mine of fascinating anecdote, mentioning such non-medical notables as his good friends Walter Huston, the actor, and Mayor Ed Kelly of Chicago and such patients as Mollie Netcher (the millionaire owner of the old Chicago Boston Store who didn't wish at first to pay his bill) and the son of that infamous Chicagoan, Al Capone. There are 14 chapters and the narrative interest is sustained throughout in a pleasingly professional writing job. Especially good is the story of his career as an American medical officer in England during World War II and his trip to Soviet Russia as a medical diplomat.

I think the time of the great empire building egos in surgery is partly past but their lives make worthwhile reading. Reading Dr. Davis will enrich any doctor's mind. He would seem definitely to have been a force for good in American medicine and his story is told in lucid prose with great verve, apparent honesty and general good humor. I enjoyed it.

RODNEY A. MANNION, M.D.
LaPorte County

CIRCULATORY PHYSIOLOGY: CARDIAC OUTPUT AND ITS REGULATION

Guyton, Jones and Coleman, M. B. Saunders Co., Philadelphia, 1973; 2nd edition; 556 pages; innumerable graphs, tables and photos; $20.60.

Having but recently read and reviewed Dr. Arthur C. Guyton's most recent edition of his "Textbook of Medical Physiology," I was somewhat primed to expect the very best. I was NOT disappointed. No wonder that the American College of Physicians has just made him a recipient of one of their highest honors for 1973!

Between unpretentious covers—yet on excellent paper, very clear type and profusely illustrated with well matched illustrations—we are presented with a most intelligible updating of our still-ever-so-meager store of understanding of a topic about which every doctor really has to have some gleam of comprehension.

Personally, I savored just about every page of the entire volume that explicated ever so many points that were previously either obscure or—just simply—unthought of! It might be invidious to pick this or that specific chapter but I would earnestly recommend the entire section on "cardiac output in special conditions." Never before have I seen so relatively an abstruse concept as the deceptive terms, "Forward Failure" . . . "Backward Failure" reduced to its basic elements. The mathematics might be a mite on the hard side but the language is on the junior medical school level. A real tour de force!

When I attend medical conventions, I make it a point to peruse every book publishing booth. This monograph is a clear dividend of such a stop. I can unqualifiedly recommend this to all my younger colleagues. You really do not *have* to scan the entire 50 pages of bibliography but the references are there and the entire opus was an unalloyed pleasure.

Congratulations all around!

ARNOLD LIEBERMAN, M.D.
New York City

Continued

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SYNOPSIS OF ENDOCRINE PHARMACOLOGY

John A. Thomas, Ph.D., and Michael G. Mawhinney, Ph.D., University Park Press, Baltimore, 1973; 231 pages; several dozen tables, figures and chemical formulae; $12.50.

This little volume has an impeccable get-up on excellent paper with good binding and printing. This does not alter the apparent fact of its being aimed at the very lowest of scholastic attainment by students who have had no previous contact with pharmacology. As most of my colleagues *have* at least some rudimentary acquaintance with the endocrines, they would not benefit by leafing their way through this "synopsis."

Personally, I learned nothing new: nary a thing. If our newer approaches to medical school teaching will be on this level—well I've already voiced my apprehensions.

ARNOLD LIEBERMAN, M.D.
New York City

MOLECULAR MECHANISMS OF ENZYME ACTION

Nomura Research Institute (NRI) of Technology and Economics Symposium held in 1966; Yasuyuki Ogura, Yuji Tonomura and Takao Nakamura, editors; University Park Press, Baltimore, 1972 (English translation); 323 pages, innumerable tables, graphs and figures; $19.50.

The usually efficient Japanese neglected having this symposium translated into English for a full half dozen years. Then, they compounded their first error by having their *next* symposium on this very topic translated with model promptness. See: review on "Muscle Proteins, Muscle Contraction and Cation Transport" by Yuji Tonomura (one of the editors of the 1966 symposium being presently discussed) in the December 1973 issue of this journal.

Most obviously, the more recent volume is more up to date. It has much material pertinent to the topic that simply was not extant back in 1966.

The paper, binding and printing are up to the usual excellent standards. Many hospital libraries would want to have this on their shelves, if only as a reference work.

ARNOLD LIEBERMAN, M.D.
New York City

Abstracts from Various Literature, Prepared by AMA

RESULTS OF REGIONAL RADIOTHERAPY IN LOCALIZED HODGKIN DISEASE IN CHILDREN

L. M. FULLER et al. (M. D. Anderson Hosp. and Tumor Institute, Houston 77025)

Cancer 32:640-645 (Sept.) 1973

In children, regional radiotherapy for localized Hodgkin disease has produced survival figures comparable to the best reported results in adults. Review of 47 children with Stage I and II disease treated from 1949 to 1969 demonstrated 80% five-year survival and 67% ten-year survival. Twenty-seven patients were staged clinically, and 20 were staged following acceptance of lymphography as a staging procedure for children. Celiotomy and splenectomy were not included routinely in the diagnostic studies until 1970. Local control was achieved uniformly.

ANODAL STIMULATION AS CAUSE OF PACEMAKER-INDUCED VENTRICULAR FIBRILLATION

T. A. PRESTON (Harborview Medical Center, Seattle 98104)

Am. Heart J. 86:366-370 (Sept.) 1973.

In every case of documented onset of ventricular tachycardia or ventricular fibrillation (21 cases) with the pacemaker stimulus falling in the vulnerable period of the preceding beat, the electrode system employed was bipolar. Since the problem most often occurs during temporary pacing associated with myocardial infarction, bipolar catheter electrodes should not be used for temporary pacing, and the use of unipolar (cathodal) pacing systems should increase the safety of electrical pacing.

RESULTS OF 54 CARDIAC TRANSPLANTS

P. K. CAVES et al. (Div. Cardiovascular Surgery, Stanford Univ. Medical Center, Stanford, CA 94305)

Surgery 74:307-314 (Aug.) 1973.

Fifty-four cardiac transplants were performed in 52 patients since January 1968. One-year survival rate for 1971 is 50% and for the whole series it is 41% with a two-year survival of 37%. Administration of prednisone, azathioprine, and antihuman thymocyte globulin constitutes routine immunosuppression. Recently, cyclophosphamide was substituted for azathioprine in eight patients, six of whom are alive and well. Advanced age, preoperative infections, and severely elevated pulmonary vascular resistance influence survival adversely, but the principal determinant of long-term survival is the successful management of acute rejection episodes in the first two postoperative months. The earliest indication of rejection is seen in the graft histology and the use of serial biopsies has permitted more accurate management of acute episodes.

VASOPRESSIN-RESISTANT DIABETES INSIPIDUS ASSOCIATED WITH SHORT-TERM DEMETHYLCHLORTETRACYCLINE (DECLOMYCIN) THERAPY

H. R. MAXON III (Dept. of Medicine, Naval Hosp., Portsmouth, VA 23708) and E. A. RUTSKY

Milit. Med. 138:500-501 (Aug.) 1973.

A patient who had a diabetes insipidus-like syndrome, which developed acutely after ingestion of only 450 mg of demethylchlortetracycline (DMCT), is presented. His response to exogenous vasopressin suggests an impairment of renal concentrating function. In the absence of other known causes of impaired urine concentration, the abrupt onset of the syndrome following ingestion of DMCT and the return to normal concentrating ability following withdrawal of the drug suggest a causal relationship. ◄

FUTURE MEETINGS, SEMINARS, COURSES

"The Lung—Young and Old" Course Set

Diagnosis and treatment of cardiopulmonary disease will be reviewed in a course "The Lung—Young and Old," to be given February 4 to 7 in Snowmass, Aspen, Colorado. American College of Chest Physician members pay $125; nonmembers, $150, residents, nurses and therapists, $75. Further information: Bradford W. Claxton, M.Ed., 112 E. Chestnut St., Chicago 60611.

Plan Medical-Legal Seminar

A Medical-Legal Seminar for medical assistants and their physician employers will be held February 10 at the Hospitality Inn on I-70, Indianapolis. Mr. James V. Donadio, Indianapolis attorney, will be the featured speaker. For further information contact Mrs. Marjorie Jassman, 2234 Fair Oaks Drive, Indianapolis 46224.

Diagnostic Techniques Conference Set

The Western Michigan Conference on Diagnostic Techniques (Nuclear Medicine) will be held at the Holiday Inn at Petoskey on February 6-8. The Clinical Conference is designed for the referring physician in his understanding of nuclear techniques in diagnosis. The Technical Conference is for the physician or technician responsible for diagnostic techniques. Both conferences run concurrently. The registration fee of $45 provides admittance to any combination of Clinical and Technical sessions desired. Register with James C. Carlson, Hackley Hospital, Muskegon, Mich. 49443.

23rd Annual Postgraduate Course In Pediatrics Offered by Texas U

The 23rd Annual Postgraduate Course in Pediatrics of the University of Texas Medical Branch will be held in Galveston on March 14 and 15. The program is acceptable for 12 prescribed hours by the American Academy of Family Practice. Registration fee is $75. Write Lillian H. Lockhart, M.D., University of Texas Medical Branch, Galveston 77550.

University of Kentucky to Conduct Symposium on Bone and Joint Radiology

The Departments of Diagnostic Radiology and Orthopedic Surgery at the University of Kentucky Medical Center, Lexington, will conduct a symposium on Bone and Joint Radiology from May 1-3, immediately preceding the 100th Renewal of the Kentucky Derby. In the morning sessions a distinguished guest faculty will analyze radiographs of selected unknown cases that demonstrate differential diagnostic features of various types of bone and joint pathology. Each registrant will be sent copies of the radiographs of each case prior to the meeting. Afternoon sessions will be devoted to informal discussions between small groups of registrants and a member of the guest faculty.

For further details and an application form, write Ronald D. Hamilton, M.D., Director, Continuing Education, College of Medicine, University of Kentucky, Lexington 40506.

Symposium on Polytomography Of Temporal Bone Announced

The 9th day two-day Symposium on Polytomography of the Temporal Bone will be given under the auspices of The Wright Institute of Otology at Community Hospital, Indianapolis, on May 4 and 5.

Subjects covered are: "Basic Anatomy of the Temporal Bone" and "Technique of Polytomography of the Temporal Bone" with demonstrations of normal tomograms. Pathological conditions revealed by polytomography, such as cholesteatoma, ossicular chain problems, otosclerosis, fractures, foreign bodies, tumors and congenital anomalies are shown on original tomograms and the clinical applications discussed.

Number of registrants is limited to 18. Fee for the course is $150.

Inquiries should be directed to: The Wright Institute of Otology, Inc., Community Hospital of Indianapolis, Inc., 1500 North Ritter Avenue, Indianapolis 46219.

Multidisciplinary Child Care Conference Scheduled for May 7-9 at Indianapolis

The Ninth Annual Indiana Multidisciplinary Child Care Conference will be held in Indianapolis at Stouffer's Inn May 8-9.

The seminars and seminar leaders are Pediatric Hematology —Dr. Robert Baehner; Pediatric Neurology—Dr. David Clark; Current Knowledge and Practice: Child Abuse—Drs. Eli Newberger and Jessica Daniel; Pediatric Gastroenterology—Dr. Joseph Fitzgerald; Juvenile Rheumatoid Arthritis and Related Disorders—Dr. Burton Grossman; Pediatric Infectious Disease —Dr. Samuel Katz; Pediatric Nursing; Hospital Care—Mrs. Anne Black, R.N., and associates. The banquet speaker will be Dr. Robert H. Bremner—Children and Youth in America; Retrospect and Prospect.

For further information concerning the seminars and registration, write or call the office of Dr. Morris Green, 1100 West Michigan Street, Indianapolis 46202.

"Plastic Surgery of the Aging Face" To Be Subject of Workshop at Chicago

The Department of Otolaryngology, Abraham Lincoln School of Medicine of the University of Illinois (in cooperation with the American Academy of Facial Plastic and Reconstructive Surgery, Inc.) will present a multidisciplinary workshop in facial plastic surgery June 1 through 5, 1974. M. Eugene Tardy, Jr., M.D., is the chairman of the five-day workshop.

The course will provide participants an opportunity to enhance and refine their knowledge and diagnostic skills in

analyzing, evaluating and managing patients presenting problems of facial aging. Topics for consideration include blepharoplasty, dermabrasion, facelift, browlift, chemexfoliation, local pedicle flaps and scar camouflage. Live and videotaped television coverage of surgical techniques will be offered in addition to panel discussions by the distinguished local and national faculty members.

Interested physicians should write to the Department of Otolaryngology, Eye and Ear Infirmary, 1855 West Taylor Street, Chicago 60612.

Health Systems Management Course Offered at Harvard Business School

The Harvard Business School will conduct its third Program for Health Systems Management from June 16 to July 26. Senior managers from the health care system or an allied area are invited to apply. The fee is $2,750, including materials, room and board and activities. To apply, write the Program in care of Harvard Business School, Boston 02163.

Colorado PG Courses Announced

The Office of Postgraduate Medical Education, University of Colorado School of Medicine, Denver, has announced its calendar of courses for 1974, as follows:

20th Annual Family Practice Review—Feb. 18-23; Solutions to the Population Problem for Physicians Who Will Work Overseas—Jan. 28-Feb. 2, Mar. 11-16, May 20-25, and June 17-22; Thromboembolism: Diagnosis and Treatment (American Heart Association) Feb. 4-6 (Aspen); Newborn Radiology Seminar, Feb. 11-15 (Aspen); High Risk Infant Care (limited enrollment)—Feb. 25-Mar. 1 and Oct. 7-11; 25th Western Institute on Epilepsy, Mar. 19-20; Western and Central EEG Societies Meeting, Mar. 21-23; What's New in Pulmonary Medicine, Apr. 17-19; Symposium on the Tissue Consequences of Alcoholism—April (dates to be announced); Diagnostic Ultrasound, May 27-31 (Boulder).

Also: Family Practice Review—June 10-15 (Estes Park) (Repeat of the February Session); Ophthalmology (60th Annual PG Course and Summer Convention of the Colorado Ophthalmological Society)—July 1-4 (Vail); Advances in Virology as Related to Medicine—July 8-12 (Aspen); 10th Annual Course in Internal Medicine—July 15-19 (Estes Park); Perspectives in Clinical Immunology—July 15-19 (Aspen); Human Genetics for Physicians and Scientists—July 22-26 (Aspen); 17th Annual Course in Pediatrics—July 28-31 (Aspen); Perinatal Medicine—Aug. 12-16 (Snowmass at Aspen); Nephrology—August 19-23 (Aspen); 11th Annual Hospital Medical Staff Conference—Sept. 9-13 (Estes Park); Pathology in Gynecology and Obstetrics—Autumn (Dates to be announced) (Aspen). ◄

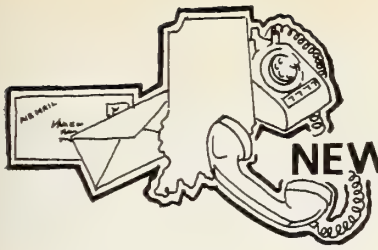
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Indianapolis, Indiana 46203



W. D. Gatch, M.D.

A resume of the life of W. D. Gatch is being compiled for historical purposes. Acquaintances and former associates of Dr. Gatch are invited to write to Malcolm Herring, M.D., 1000 Walnut St., Apt. 501, Philadelphia, Pa., 19107, to inform him of anecdotes and reminiscences suitable for recording.

Dr. Lowell Thomas Renamed Advisor By Physician Assistants Directors

The Indiana Society of Medical Assistants is proud to announce that **Dr. Lowell I. Thomas, Indianapolis,** has been appointed by Board of Directors of the American Association of Medical Assistants to serve a second 3-year term as physician-advisor from the AMA.

A pilot program of the Guided Study Program for Medical Assistants was presented at the International Convention of Medical Assistants in Washington, D.C., in October. This series of programs will enable a medical assistant to study administrative and clinical techniques in her employment practices. This major educational break-through is of definite advantage to the medical assistant who is unable to attend classes in an academic setting because of family obligations or distance to travel to such classes. Also, in this program the graduate medical assistant student may continue her education while working.

One of the most successful programs held in connection with the ISMA 124th Annual Meeting in October was the Medical Assistants Program. One hundred seventy were in attendance, and plans are being made to hold another such meeting at the 1974 convention.

Cutaneous Medicine Section Elects

The ISMA Section on Cutaneous Medicine held its annual combined clinical and business meeting at Marion County General Hospital Nov. 14.

Election of officers was held, with the following result: **Dr. Victor C. Hackney, Indianapolis,** chairman; **William B. Moores, Indianapolis,** vice-chairman; **Emanuel C. Liss, South Bend,** secretary. **Howard R. Gray, Indianapolis,** retired as chairman.

Participate in Seminar on Common Neurologic Disorders

Drs. Mark Dyken and Alexander T. Ross, Indianapolis, participated in a seminar on "Common Neurologic Disorders" recently at Reid Memorial Hospital, Richmond. Dr. Dyken, professor of neurology and chairman of the department at the Indiana University School of Medicine, spoke on "Management of Cerebro-Vascular Disease," and Dr. Ross, professor and chairman emeritus of the department, spoke on "Multiple Sclerosis—Present Concepts of Causes and Treatment."

Serves on Workshop Panel

Dr. Arthur L. Moser, Warsaw, was one of the members of a panel on guidelines for communication and cooperation between students, teachers and administrators at an in-service workshop for Kosciusko County teachers recently.

Speaks on TB Control Today

Dr. David Haines, Kosciusko County health officer, addressed the board of directors of the American Lung Association of North Central Indiana recently. Dr. Haines had just completed a one-week course on "Tuberculosis Control Today" at the Center for Disease Control in Atlanta, Ga.

Dr. Batacan Named Superintendent

Dr. George A. Batacan, Westville, who has been serving as acting superintendent of the Dr. Norman M. Beatty Memorial Hospital for about a year, received his commission as superintendent of the hospital from Governor Otis Bowen on November 28.

Dr. Batacan received his medical training in his native Philippines. After practicing there for 10 years, he came to the U.S. in 1953 and studied psychiatry in Colorado. He was first employed at Beatty in October 1968 but left a year later to teach at Loyola University, Chicago, and serve on the staff at Hines Veterans Administration Hospital.

His wife, Dr. Rosario Batacan, is also a psychiatrist on the hospital's staff.

Ames Chemistry Award Winner Named

Dr. Irving Sunshine of Cleveland has been named the recipient of the Ames Clinical Chemistry Award for 1973. Dr. Sunshine is Professor of Toxicology at Case Western Reserve School of Medicine.

Arrange Heart Clinic Program

Drs. Lindley H. Wagner and William Altier, Lafayette, were among the participants in a Cardiopulmonary Resuscitation Institute held recently under the sponsorship of the Tippecanoe County Heart Association and the Medical and Educational Departments of Lafayette Home, Purdue University and St. Elizabeth hospitals. All area medical, ambulance, fire and police personnel were invited to attend the institute.

Dr. King Elected Ob-Gyn Fellow

Dr. John T. King, Gary, has been elected to Fellowship in the American College of Obstetricians and Gynecologists.

Instructs County Rescue Squad

Dr. James Calli, North Vernon, is serving as instructor for a 10-hour course providing on-the-job training in the emergency room of the Louisville, Ky., General Hospital for the Jennings County Rescue Squad. The 14-week training course

Continued

also includes 71 class hours. Graduates of the course will take the National Registry examination, which will qualify them for emergency ambulance service.

Speaks at Alcoholism Workshop

Dr. Donald L. McKinney, Otterbein, was the featured speaker at a workshop on transactional analysis focusing on alcoholism problems held at St. Mary's Hospital Graduate Medical Center, Evansville, recently. Other participants in the program were Drs. J. V. Corcoran and Raymond W. Nicholson, Evansville.

Appointed by Governor Bowen

Drs. Fred Smith, Tell City, and Malcolm Scamahorn, Pittsboro, have been appointed by Governor Otis Bowen to the new Controlled Substances Advisory Committee.

Dr. David Adler Retires

Dr. David L. Adler, Columbus pathologist, retired from full-time practice on January 1 after having served as director of laboratories for the Bartholomew County Hospital for more than 27 years. He will be associated with Dr. Harley Palmer, director of the laboratory at the Johnson County Hospital in Franklin, on a part-time basis.



VA Broadens Clothing Allowance

Rules on the $150 annual clothing allowance paid by the VA have been broadened to include disabled veterans and military retirees who wear colostomy, ileostomy or similar devices for service-connected conditions. Previously the clothing allowance was allowed only for prosthetic or orthopedic devices which tended to wear out or tear clothing.

Drs. McClain and Echt Installed

Dr. Edwin S. McClain and Dr. Charles R. Echt, both of Indianapolis, have been installed as Chairman and Vice Chairman, respectively, of the Indiana Section, of District V of the American College of Obstetricians and Gynecologists.

Announces Learning System On Thyroid Endocrinology

Flint Laboratories announces a new learning system on thyroid endocrinology. It was created by Medcom Learning Systems and consists of a 30-minute full color documentary film which is accompanied by a comprehensive monograph and a self-evaluation section. Arrangement for use of the system for medical meetings may be made with Flint professional representatives or by writing Flint at Deerfield, Illinois 60015.

Receives 50-Year DeMolay Pin

Dr. Kenneth Comer, Mooresville, was recently awarded a 50-year pin marking his half-century of membership in the Order of DeMolay.

Film's Availability Extended

The health film, "To Seek, To Teach, To Heal," has enjoyed such popularity as to induce the National Institutes of Health to extend the period in which the film may be obtained on a free-loan basis. The film recounts the search for diagnosis and treatment of a blood disease in a three-year-old boy. Reservations may be made by writing Association-Sterling Films, 866 Third Ave., New York City 10022.

HEW Secretary Names Culprit

The Bulletin of the Los Angeles County Medical Association reports that HEW Secretary Casper Weinberger had no trouble finding the "real culprit" behind the rising costs of health care. It's everybody's friend or otherwise—the Federal government.

The Bulletin continues: "Said Weinberger: 'The federal government through its policies (namely Medicare and Medicaid) has had a major role to play in causing the health cost spiral.'"

Weinberger refused to blame AMA and organized medicine for physician shortages or distribution problems during his talk.

"You must realize that we have had a sharp increase in the demand for physician services. Now we are getting a sharp increase in the supply of physicians. You can't blame a medical organization for the increase in demand."

"Holidays" Help Sought

Dr. John C. Slaughter, Evansville, president of Holidays for Humanity, is appealing for medication, medical supplies and dollar donations for the people in and around Managua, Nicaragua, according to an item in the Vanderburgh County Medical Society *Newsletter*. Contributions are tax deductible and should be addressed to Holidays for Humanity, Inc., 105 Medical Arts Building, Evansville 47715.

Fire Protection Booklets Offered

The National Fire Protection Association announces several new publications: "Standard for the Installation of Portable Fire Extinguishers," $1.25, "Recommended good Practice for the Maintenance and Use of Portable Fire Extinguishers," $1.25, and "Standard for the Installation of Sprinkler Systems" for $2.50.

"Code for Safety to Life from Fire in Buildings and Structures" is also for sale. The Code covers building construction and protection and occupancy features to minimize danger. Separate chapters are devoted to the several types of buildings concerned. The price is $3. Address 470 Atlantic Ave., Boston 02210.

Flint Film, Monograph Available

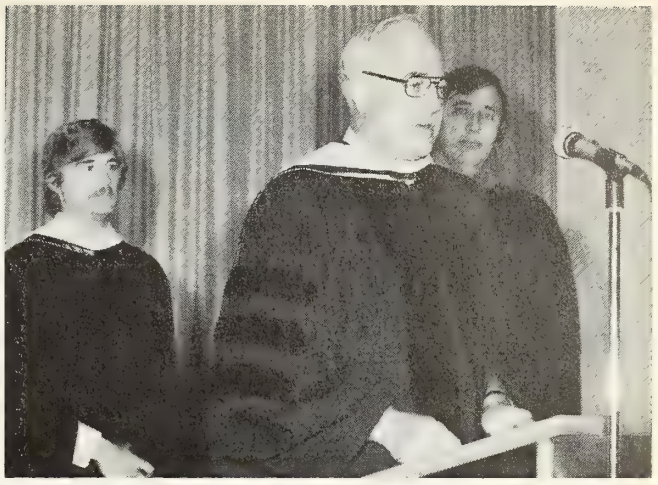
Flint Laboratories announces the availability of a medical training film on "Biochemical Debridement—Adjunctive Therapy in the Treatment of Ulcers and Wounds." The film is shown in connection with the distribution of a monograph on the subject. Contract a Flint Professional Representative or write Flint Laboratories at Deerfield, Illinois 60015.

Offers Film on Learning System For Cerebral Vascular Disease

Marion Laboratories announces a new learning system for cerebral vascular disease. It consists of a color film "Diagnosis and Treatment of Cerebral Vascular Insufficiency," together with a supply of monographs that accompany the film. The film may be obtained without charge for viewing by physician groups by writing Professional Services, Marion Laboratories, P.O. Box 9637, Kansas City, Mo. 64134.

Lilly Donates Antibiotics

Eli Lilly and Company has donated antibiotic preparations estimated at $50,000 wholesale value to relief organizations serving the state of Israel and the United Arab Republic.



DR. RALPH O. SMITH, Viencennes, received the honorary degree of Doctor of Science on November 7 from Oakland City College, Oakland City. Dr. Smith was cited for his "distinguished reputation in medicine and his many civic contributions to the Vincennes community."

Attends International Symposium

Dr. Arnold Lieberman, New York, was one of the representatives of the United States sent by the National Heart and Lung Institute to participate in a USA-USSR Symposium on Myocardial Metabolism which took place at Ponte Vedra, Florida, recently. Professor Eugene Chazon of Russia and Professor Eugene Braunwald of the United States served as chairmen.

Dr. Albert Sterne Memorialized By Gift Made to I.U. Foundation

A gift of securities valued at approximately $345,000 was presented recently to the Indiana University Foundation by the Norways Foundation, Inc., an Indianapolis-based not-for-profit corporation, to memorialize the late **Dr. Albert Eugene Sterne.** The gift will support a chair at the School of Medicine in Indianapolis to be known as the Albert Eugene Sterne Professor of Psychiatry in Clinical Research.

In addition, a portion of the income will be used to support training stipends for promising young clinical psychiatrists and for visiting professorships for the department.

Dr. Sterne was the first professor of neurology at the I.U. School of Medicine and was a pioneer in the development of neuropsychiatry. He founded the Norways Hospital in 1898. The hospital was operated on East 10th Street, Indianapolis, until 1957. Dr. Sterne died in 1931. ◄

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When a bill that affects our profession or the public's health comes up for hearings in Congress, who speaks for us?

The AMA.

During the 92nd Congress, officers, trustees and other AMA leaders did a lot of the speaking. On more than two dozen occasions, they testified before committees of the House and Senate. Stating and promoting our views on national health insurance, HMO's, health manpower, rural health and regulations for federal health programs.

These were the men who provided our input—as scientists and practitioners—for legislation on drug abuse, cancer, emergency medical services, and many others.

Through their testimony, through our lobbyists in Washington, through continuing contact with key legislators, the AMA works to foster your interests and those of the American public.

The AMA *does* represent our profession—and effectively. And it will continue to in the 93rd Congress as it did in the 92nd. With your support, we can be even more effective.

Join us.
We can do much more together.

American Medical Association
535 N. Dearborn St./Chicago, Ill. 60610





DAY BY DAY WITH THE F.D.A.

Fragments of a harmless substance which resemble bits of glass may be found in cans of seafood such as tuna or shrimp. The harmless substance is magnesium ammonium phosphate hexahydrate or struvite. It forms from chemicals present in sea water and crystalizes when the canned food is sterilized. It may be distinguished from glass by dissolving it in boiling vinegar or lemon juice.

* * *

Ice cream makers in Oregon have been warned not to add bubble gum to ice cream. The combination sells well to children but is illegal. Bubble gum is not one of the ingredients listed in the regulatory definition of ice cream, and besides the frozen gum is likely to break teeth.

* * *

Turtles for the pet trade should be tested for Salmonella. As many as 300,000 cases of turtle-borne salmonellosis occur each year in the U. S. The rule in Oregon is that at least six turtles in each lot must test negative in four examinations over a period of several days.

* * *

Routine inspections of a cannery in Newark showed that the operators of the retorts were measuring cooking time from "heat on" instead of from the time the desired temperature was reached. Over 60,000 cans of beans were recalled and reprocessed.

* * *

TV commercials in Omaha and Kansas City have been promoting the use of a "spot remover" containing petroleum distillates for the treatment of poison ivy. This "treatment" results in second and third degree burns. The commercials were discontinued and the TV stations involved broadcast corrective messages.

* * *

2500 tons of fishmeal, contaminated by harbor water in Baltimore, was shipped in open railroad cars to Louisiana for reprocessing. The odor of the decomposing mess caused complaints along the right of way and, on arrival, in Plaquemines Parish was so obnoxious the decontaminating plant would not accept it. It was moved further in barges but no one knows its final destination.

* * *

Packaging products such as cleaners, waxes and polishers in containers which resemble food containers is illegal. The gable-top milk container and the can with a "pull-ring" are examples. No hazardous substance may be packaged in a container that resembles a food, drug, or cosmetic container by virtue of its shape, size, color, label vignette, label design, illustration, content appearance, fragrance, closure design or any combination of these.

* * *

California has a law which prohibits manufacture or sale of toy bombs, grenades and torture instruments. The idea of the legislators was that we are indoctrinated in violence enough as it is. Other items may be added to the ban at a later date.

* * *

A patient, who took a tablet which was labeled as containing only acetaminophen, had an allergic reaction similar to reactions which she knew were due to aspirin. FDA investigation found that the "acetaminophen" tablets contained 3½ grains of aspirin as well as salicylamide and caffeine. Appropriate action is underway.

* * *

A patient who took what was labeled as thiamine tablets noticed flushing and redness of her face for about an hour. FDA found that the tablets contained 100 mg of niacin. A repacker had received a shipment of thiamine hydrochloride tablets and niacin tablets and had mistakenly repacked the niacin with the thiamine label.

* * *

A tuna cannery in Puerto Rico was found to be using ordinary tap water for the canning of their "Fancy Albacore Solid White Tuna in Spring Water." The FDA found no health problem with the tuna but insisted that tuna canning be discontinued until a source of genuine spring water was available.

* * *

Pap Chek, a do-it-yourself mail order test kit designed to detect cervical cancer, will discontinue marketing. FDA has never approved Pap Chek and considers its use could result in a high percentage of false negatives. FDA recommends that all women who have utilized Pap Chek see their doctors

Continued

immediately for a reliable determination.

* * *

In Boston an import shipment of 150,000 acupuncture needles was detained. The FDA reason for detention was that the devices did not bear adequate directions for use.

* * *

Harvesting shellfish from polluted waters is big business. Big enough to attract bootleggers. New York state officials have requested 20 additional men to provide continuous patrols.

* * *

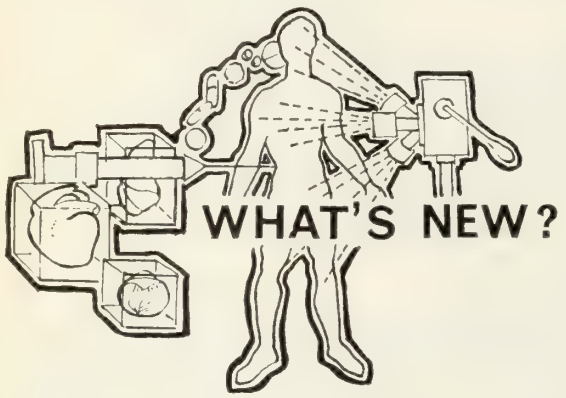
Moldy filbert nuts to the amount of 11,500 pounds were discovered in New Jersey. Permission to convert the nuts into animal feed was denied after analysis showed that some of the contaminating molds could be harmful to animals.

* * *

The first corporate cooperative quality assurance program got under way when the Green Giant Company signed an agreement with FDA for cover plant inspections in 14 Green Giant vegetable processing plants countrywide.

* * *

A shipment of Japanese acupuncture needles was detained at Indianapolis. FDA reason was faulty labeling. The needles were designated on the outside of the package as "battery testers." The Japanese must figure that a lot of Americans need their batteries tested. ◄



Bristol is intriducing Blenoxane™ (sterile bleomycin sulfate), which, while not a cure for cancer, is helpful in squamous cell tumors, Hodgkin's Disease, other cancers of the lymphatic system and testicular tumors. Blenoxane is distinguished by the fact that it has virtually no toxic effect on bone marrow. It does, however, have an unusual pulmonary toxicity which limits its usefulness in some patients.

* * *

Eli Lilly has received FDA approval for marketing of a new antibiotic "Kefzol™." It is the fifth member of the cephalosporin family. Sales representatives are now calling on physicians, pharmacists and hospitals with information regarding the uses and benefits.

* * *

Simmons announces a new addition to their line of hard mattresses for sore backs. The new one, BEAUTY-REST BACK CARE IV, is harder than the MAXIPEDIC, the first hard mattress with a built-in bedboard.

* * *

Lederle Diagnostics is introducing two quality control test kits. Urine Drug Check Kit provides a method of evaluating the drug testing procedure, the reagents and equipment, the sensitivity of the system and the ability of the analyst. The LederRate Kit contains three sets of freeze-dried human serum at three levels, normal, borderline and pathological, of eleven constituents such as BUN, Transaminase, glucose and alkaline phosphatase.

* * *

Organon announces a new two-minute blood test for gonorrhea. It is called GONOSTICON DRI-DOT®. It is particularly useful for screening female carriers of gonorrhea, most of whom are nonsymptomatic. It is also valuable in diagnosis of complications such as gonococcal arthritis and pelvic inflammatory disease.

* * *

Eli Lilly announces price reductions on the 250-mg strength of Ilotycin which range from 31% to 41%. The 100-tablet bottle, the most popular size, is reduced by 32.6%. This is the fifth price reduction in Ilotycin since it was introduced in 1955.

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments and surgical appliances—and book publishers. Each item is published as news and does not necessarily constitute an endorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

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County, District News

Delaware-Blackford

Dr. Jack Alexander has been elected president of the Delaware-Blackford County Medical Society. Others named to serve for the coming year are: President-elect, Dr. John F. Cooper; secretary, Dr. David Dietz; treasurer, Dr. Stuart A. Gray.

Dubois

At the November meeting of the Dubois County Medical Society members voted unanimously to support, endorse and cooperate fully in the official ISMA policy of non-participation in PSRO.

Four new members were welcomed: Drs. Bruce Bevill and Taghi Hakami of Huntingburg, Dr. Javad Lahajani of Jasper, and Dr. Wenceslao Magbag of Holland.

Officers were elected as follows: President, Dr. Bernard Kemker; president-elect, Dr. Victor Borges; secretary-treasurer (re-elected), Dr. Daniel Drew.

Hancock

Dr. Fayez Tushan, head of the pulmonary laboratory at Community Hospital, Indianapolis, was the speaker at the November meeting of the Hancock County Medical Society.

Knox

A program on the training of preschool retarded children was given at the October meeting of the Knox County Medical Society. The speaker was Michael Carney, director of the Knox County Association for Retarded Children.

Ministers of the area were guests at the September meeting, and the speaker was Dr. Kenneth Reid, resident chaplain at Methodist Hospital, Indianapolis.

Lake

Dr. Walfred A. Nelson has been elected president of the Lake County Medical Society, with Dr. David Ross, Jr., vice-president and Dr. Thomas A. Gehring, secretary-treasurer.

Drs. Thomas C. Tyrrell, Theodore R. Espy and Nicholas Polite were named delegates to the ISMA, with Drs. R. R. Barton and Arthur Goldstone named alternate delegates.

Steuben

Dr. R. Wyatt Weaver was welcomed as a new member of the Steuben County Medical Society at its November meeting.

Dr. Richard G. Spindler discussed the book, *The Case for American Medicine,* and recommended it as good reading for patients.

The Society voted to go on record as opposing state licensure and superfluous narcotics tax.

Wayne-Union

Dr. Steven C. Beering, associate dean of the Indiana University School of Medicine, addressed the September meeting of the Wayne-Union County Medical Society and praised the local physicians and the Society for their contributions to continuing education. In addition, a film titled "Medical Exodus—Diagnosis and Treatment" was shown.

A nationally known expert in the field of rehabilitation medicine, Dr. Henry Betts, Northwestern University, Chicago, addressed the October meeting, at which members of the board of directors of Reid Memorial Hospital were guests. Dr. Betts also addressed the Richmond Rotary Club and conducted "grand rounds" at the hospital, to round out the series of speaking engagements arranged by Dr. Paul S. Rhoads, director of medical education at Reid Hospital.

A standard form for claims reporting is available from the AMA. It was developed by an AMA-sponsored work group which included representatives from Medicare, Medicaid, CHAMPUS, the Medical Group Management Assn., the National Assn. of Blue Shield Plans, the California Medical Assn., the Health Insurance Assn. of America, and the Society of Professional Business Consultants. The form may be purchased in three styles: a single form consisting of one page, a two-page form with an original and a carbon and a continuous form for computer printers. For order blanks, write Order Dept., AMA Headquarters.

Deaths

Winship C. Callaghan, M.D.

Dr. Winship C. Callaghan, Greensburg, died Nov. 2, in Methodist Hospital, Indianapolis. He was 68.

A native of Maine, Dr. Callaghan graduated from the Indiana University School of Medicine in 1931 and interned at the Indianapolis City Hospital and at Letterman Army Hospital, San Francisco. In 1932 he located in Greensburg, later taking postgraduate studies at the New York Eye and Ear Infirmary and thereafter specializing in ailments of the eye, ear, nose and throat.

A veteran of World War II, Dr. Callaghan served in the Army Medical Corps from 1942 to 1946, attaining the rank of lieutenant colonel while serving in the South Pacific Theatre.

A former chief of staff at Decatur County Memorial Hospital, he was honored by the Decatur County Medical Society upon his retirement in 1972. He was also a member of the American Medical Association.

Albert Tenley Jones, M.D.

Dr. Albert T. Jones, Anderson, died October 23, 1973. He was 74 and was a graduate of the Indiana University School of Medicine.

He had served the Anderson and Pendleton community for 45 years and for the past 20 years had served St. John's and Community hospitals at Anderson as an anesthesiologist.

He obtained his Indiana license in 1928.

A former member of the American Medical Association, Dr. Jones had served as president of the Madison County Medical Society and served on the ISMA Commission on Medical Economics and Insurance and as a delegate to the State Convention. In 1971 he became a Senior Member of the Indiana State Medical Association.

Ivan A. Gailey, M.D.

Dr. Ivan A. Gailey, 51, of Newburgh and formerly of Chrisney, died November 10 at his home.

A graduate of the Albany Medical College of Union University at Albany, N.Y., Dr. Gailey was licensed to practice in Indiana in 1952. He interned at the Gary Methodist Hospital.

A former member of the Parke-Vermillion County Medical Society, Dr. Hatfield was a member of the American Medical Association, the American Academy of Family Physicians and the Spencer County Medical Society.

In 1963 he served as a delegate to the Annual Meeting of the Indiana State Medical Association.

Frederic G. Perry, M.D.

Dr. Frederick G. Perry, 63, Fort Wayne dermatologist, died November 6 at Lutheran Hospital.

A graduate of the Georgetown University Medical School, Dr. Perry began his medical practice at Plymouth in 1935 after an internship at Methodist Hospital, Indianapolis. During World War II he served with the Army Air Force as a Flight Surgeon in the China-Burma-India Theater from 1942 until the end of the war.

After leaving military service he did postgraduate study in dermatology at the University of Illinois and Cook County Hospital, Chicago. He joined the Duemling Clinic group in 1947 and was affiliated with Lutheran Hospital.

He was a member of Fort-Wayne-Allen County Medical Society and the American Medical Association.

Joel A. Peterson, M.D.

Dr. Joel A. Peterson, 82, former Lafayette physician and founder of Carle Clinic at Urbana, Ill., died Nov. 3 at Phoenix, Ariz.

A graduate of the University of Colorado School of Medicine, Dr. Peterson was with the Mayo Clinic for several years. He practiced at Lafayette from 1943 to 1960.

A Senior Member of the Indiana State Medical Association, Dr. Peterson was a member of the Tippecanoe County Medical Society and the American Medical Association.

D. Hamilton Row, M.D.

Dr. D. Hamilton Row, 73, Indianapolis ophthalmologist, died Nov. 1 in Methodist Hospital.

Upon his graduation from the Indiana University School of Medicine in 1929, Dr. Row interned at the Indianapolis City Hospital, where he was also a resident. In 1934 he was certified by the American Board of Ophthalmology.

Dr. Row served with the U. S. Navy in World War II, attaining the rank of Commander.

He held memberships in the American Academy of Ophthalmology and the Association for Research in Ophthalmology. He was an associate professor of ophthalmology at the Indiana University School of Medicine and was on the staff of the Methodist, St. Vincent and Community Hospitals in Indianapolis.

A member of the Marion County Medical Society, Dr. Row was a Senior Member of the Indiana State Medical Association.

Russell O. Wharton, M.D.

Dr. Russell O. Wharton, 85, a retired physician who practiced in Gary for more than 50 years, died Nov. 6.

After graduation from Rush College and internship in St. Louis, Dr. Wharton began his practice in Gary in 1915. On both the Mercy and Methodist hospital staffs, Dr. Wharton was president two terms at each and taught in their schools of nursing.

He was a past president of the Lake County Medical Society and was a member of the American Medical Association.

Richard Worley

Dr. Richard H. Worley, 52, Indianapolis, died November 13 at St. Francis Hospital.

A 1950 graduate of the Indiana University School of Medicine, Dr. Worley was a former chief of staff at Community Hospital.

He was a charter member of the American Academy of Family Physicians and was formerly a member of the Marion County Medical Society, the Indiana State Medical Association and the American Medical Association.

Association News

BOARD OF TRUSTEES

October 7, 1973

The Board of Trustees was called to order on Sunday, October 7, 1973, at the Columbia Club, Indianapolis, by Chairman Gilbert Wilhelmus.

Roll Call showed the following:

Dist.	Trustee	
1	Gilbert Wilhelmus, chairman	Present
2	Paul W. Holtzman	Present
3	Eli Goodman	Present
4	Howard C. Jackson	Present
5	Cleon M. Schauwecker	Present
6	Paul M. Inlow	Present
7	John O. Butler	Present
7	Joseph F. Ferrara	Present
8	Richard G. Ingram	Present
9	William M. Sholty	Present
10	Vincent J. Santare	Present
11	James A. Harshman	Present
12	William R. Clark	Present
13	G. Beach Gattman	Present

Dist.	Alternate	
1	Raymond L. Newnum	Absent
2	Betty J. Dukes	Absent
3	Thomas Neathamer	Absent
4	William F. Blaisdell	Absent
5	William G. Bannon	Absent
6	Glenn W. Lee	Present
7	Donald C. McCallum	Present
7	John G. Pantzer	Present
8	Jack L. Alexander	Absent
9	Max N. Hoffman	Present
10	Martin J. O'Neill	Present
11	Lloyd L. Hill	Present
12	Walter D. Greist	Absent
13	Donald S. Chamberlain	Present

Officers

James H. Gosman	Present
Joe Dukes	Present
Hugh K. Thatcher, Jr.	Present
Arvine G. Popplewell	Present
Frank B. Ramsey	Present

Executive Committee

Donald M. Kerr	Present
Vincent J. Santare	Present

AMA Delegates and Alternates

James A. Harshman	Present
Eugene F. Senseny	Absent
Malcolm O. Scamahorn	Present
Lowell H. Steen	Absent
Jack E Shields	Present
A. Alan Fischer	Present
Ross L. Egger	Absent
Kenneth O. Neumann	Present
Thomas C. Tyrrell	Absent
Patrick Corcoran	Present

Guests

Bernard B. Rosenblatt, Trustee-elect 1st District	Present
John S. Farquhar, Jr., Trustee-elect 12th District	Present
John Records	Present
Peter R. Petrich	Present
Robert Brown	Present
Lee Mortenson	Present

Staff

Howard Grindstaff	Present
Michael H. McDermott	Present
J. A. Waggener	Present
Mary Alice Cary	Present

Minutes of the Meeting Held September 9, 1973

The minutes were approved by a motion by Dr. Harshman seconded by Dr. Ingram.

Report of President

President Gosman reported on a medical-legal problem which will be coming up with the proposal of the new Medical Practice Act and discussed the Medical Museum, of which Dr. Bonsett is Chairman. He also announced that the business of the House will be conducted in accordance with the Sturgis rules and order of business, and that separate resolutions will be voted on addition to the reports.

Report of the President-elect

President-elect Dukes stated that he was a guest at the Annual Meeting of the Kentucky State Medical Association and that he has served on a panel for hospital services for rural Indiana.

Report of Treasurer

The financial condition as filed September 30, 1973, was reviewed by Dr. Thatcher, who moved that the report be approved; seconded by Dr. Santare and carried.

Report of Journal Editor

Dr. Ramsey pointed out that the national advertising income is about $5,000 lower than anticipated when the budget was prepared and, while the budget assumed that The Journal would lose some $25,000, it looks like the loss is going to amount to only $20,000.

Discussion of Resolutions Assigned To Trustees

The Trustees proceeded to outline what each Resolution embodied and what reactions they or their county medical societies had toward them.

The following were assigned to represent the Board at the meetings of the Reference Committees:

Reference Committee #1—Doctors Gosman and Dukes
Reference Committee #2—Doctors Jackson and Ferrara
Reference Committee #3—Doctors Itnlow and Schauwecker
Reference Committee #4—Doctors Neumann and Gattman
Reference Committee #5—Doctors Goodman and Ingram

It was announced that all matters concerning PSRO referred to Reference Committee #5 would be reviewed on Tuesday morning, rather than Monday afternoon.

Report of Trustees

1st District—No report
2nd District—No report
3rd District—No report
4th District—No report
5th District—No report
6th District—No report
7th District—No report

8th District—Dr. Ingram announced that Dr. Jack Alexander had been elected alternate trustee and that Dr. Don Taylor had been nominated by the district as a member of the Blue Shield Board.

9th District—No report
10th District—No report

11th District—Dr. Harshman reported on the district meeting, which was held at Marion, celebrating the 125th anniversary of the Grant County Medical Society. He also reported that during the discussion of PSRO, the members took a vote as to whether the ISMA should have a role in the administration of PSRO, or whether they thought ISMA should stay completely out of it. Not a single member voted for the ISMA to become involved, he stated.

12th District—Dr. Clark reported that Dr. Farquhar was elected trustee-elect to replace Dr. Clark, who was ineligible for reelection and that Dr. Kenneth Isenogle has been nominated for membership on the Blue Shield Board.

13th District—Dr. Gattman reported on the District Meeting and announced that Dr. Chamberlain was elected the alternate trustee from the district.

Matters Referred by the Executive Committee

Dr. Donald Kerr, chairman of the Executive Committee, reported that the Executive Committee had reviewed some 40 items and announced that at the annual meeting this year only 47 spaces had been sold for a total of $12,500, which is down considerable from that amount from the previous year. He stated that

some drug companies are making grants rather than purchasing exhibit space.

Dr. Kerr stated that the Committee felt that the Future Planning Committee should take under consideration other sites for the annual meeting of the Association. He pointed out that the Indianapolis Convention Center was imposing more rules and regulations, and was becoming more expensive as a site for our meeting. He further stated that French Lick was suggested, but of course, there would be transportation problems too, due to the remoteness of the area.

Dr. Kerr reported that it is also suggested that, for easier accessibility for some of the members, from time to time the Board Meetings could be held elsewhere throughout the state, such as Lake Monroe. The Four Winds Marina area there was suggested.

Dr. Kerr said they had a letter from the Wayne-Union County Medical Society seeking endorsement from the State Association for a public health service physician to be permitted to locate in Liberty. Upon motion by Dr. Lee seconded by Dr. Jackson, the letter of endorsement by the Association was authorized.

Dr. Kerr also read a letter from the AMA concerning appointments to the Federal Advisory Committees. They are open for recommendations and the Board was asked to submit names to Mr. Waggener, so he could send them to the AMA. Dr. Clark suggested that the name of Dr. Nathan Salon be submitted for the Aging Committee.

Dr. Kerr reported on receiving a letter from the Indiana State Nurses' Association regarding the definition of Nursing. No action was taken.

Discussing the proposed Medical Practice Act, Dr. Scamahorn reported that the Licensing Board wanted something which would give them the right of suspension of licenses, probation and revocation; and, concerning the physician assistants, it was necessary to obtain the opinions of the Allied Health Professionals in order to get the legislation passed.

For the Board's information it was recommended that this be sent to the members of the Association. It was pointed out that when physicians prescribed drugs from a well established, ethical firm, the firm does carry liability insurance covering the particular product. On the other hand in prescribing generic drugs, normally the manufacturer does not carry liability insurance on its products and, therefore, whatever savings might be incurred by prescribing generic drugs would be minimal when compared to a malpractice suit against the physician stemming from inferior and ineffective products.

Dr. Kerr then presented a letter from the Louisiana Medical Society regarding House Resolution 9375, introduced by one of their congressmen, seeking repeal of the PSRO provisions of Public Law 92-603, and requesting all societies to favor support of this particular legislation. The motion was made by Dr. Ingram and seconded by many that the Board support this request, and it was suggested that it be brought up to the House pointing out the Boards' action.

Dr. Kerr also reported that the accreditation committee, in addition to the $10,000 they have requested for additional staff to carry out directives, has estimated a bill of $915.50 for certificates, distinguished membership cards, seals, etc., which, it was reported, would fulfill the requirements over a three-year period.

Report of the Building Committee

Dr. Thatcher pointed out that the issue was (1) Do we sell out, move and rebuild? or (2) Do we add to our present building in order to bring it up-to-date to fulfill our needs? A report from the W. A. Brennan Company was that our present building, including the property on Pennsylvania Street, is worth $330,000 and that we could enlarge present facilities and take in the properties on Pennsylvania Street. He says the Building Committee met and unanimously agreed to enlarge the present facility. The approximate cost to add on 5,000 square feet is $150,000-plus. It was estimated to purchase another site and build a new building would cost twice as much as adding to the present structure. It was then moved by Dr. Thatcher that the Building Committee recommends to the Board that we make additions to the present building and the Committee be permitted to procure an architect to make the plans for this. Motion was seconded by Dr. Harshman. Dr. Goodman then asked if it would not be wise to submit this to the House, which would generally be for their approval, so that the architect fees and bids, etc., could be obtained. Dr. Dukes then amended the motion that the Building Committee recommendation be taken to the House, this was seconded by Dr. Santare and put to a vote and carried. The main motion then, as amended, was put to a vote and carried.

Reports of Board Committees

Board Liaison Committee with the I.U. School of Medicine—no report

Board Liaison Committee with Blue Cross—no report.

Board Liaison Committee with Blue Shield—no report.

Board Committee for the Study and Implementation of Governmental Medical Programs—no report.

Board Committee on Economic and Fiscal Matters—no report.

Ad Hoc Committee to Study Medical Disciplinary Committee—no report.

Ad Hoc Committee to Work with Health Careers—no report.

Ad Hoc Committee to Study Streamlining Annual Convention—no report.

Ad Hoc Committee to Study the Report of Commission on Special Activities—Dr. Sholty, chairman, reported that Dr. Hanus Grosz did receive approval for research in his studies of a drug to deter the taking of heroin.

Also the Sub-Committee on Rural Health has been very active during the past year endeavoring to interest medical students and physicians in family practice and to locate in rural areas. Also discussed were the Commissions' three resolutions contained in their Report and the fact that an assessment committee is being formed to go to the communities to seek help, to study the situation and the area to see if young men could be persuaded to practice in those particular communities.

Board Liaison Committee with the ISMA Auxiliary—no report.

Report on Blue Shield Nominations

For terms beginning in March 1974, it was announced that District 9 had nominated Dr. Petrich to succeed Dr. Bridge on the Blue Shield Board. It was reported in District 5 that Dr. Fred W. Dierdorf was renominated to succeed himself. District 12 reported that Dr. Kenneth Isenogle was renominated to succeed himself. District 8 reported that Dr. Donald Taylor was nominated to succeed himself. District 1 reported that Dr. Ralph Carlson had been nominated to succeed Dr. Barnhart as a member of the Blue Shield Board.

Nominations of the Board of Trustees for At—Large Member for term beginning March 1974: Dwight W. Schuster, M.D., Indianapolis (incumbent).

It was moved by Dr. Dukes to appoint a Blue Shield Nominating Committee.

The Chair nominated Dr. Santare, Dr. Schauwecker and Dr. Goodman. No second being made to the motion, the committee was dissolved.

Dr. Holtzman then moved that a nominating committee be appointed; this was seconded by Dr. Dukes, put to a vote and carried. The Chair then re-appointed Dr. Santare, Dr. Schauwecker and Dr. Goodman, with the addition of Dr. Holtzman to the Committee.

Nominations for Editorial Board Members

For Editorial Board members whose terms expire December 31, 1973, Dr. Ramsey, editor, recommended that Dr. Heaton be re-elected for another term. He also recommended that Dr. Snively be elected an associate editor and that someone should be selected to succeed Dr. Snively.

It was moved by Dr. Harshman that Dr. Snively be appointed as associate editor of The Journal and Dr. Heaton be appointed to the Editorial Board for another term. The motion was seconded, put to a vote and carried.

Board Dinner

Chairman Wilhelmus then announced that the Board dinner would be held on the third floor dining room of the Columbia Club and that the Board would convene for breakfast Tuesday morning, October 9, in Room 226 at the Convention Center.

There being no further business, the Committee then went into Executive Session.

EXECUTIVE COMMITTEE

October 7, 1973

The meeting of the Executive Committee of the Indiana State Medical Association was called to order at 9:00 a.m. at the Columbia Club, Indianapolis, by Donald M. Kerr, M.D., chairman.

ROLL CALL showed the following present: Donald M. Kerr, M.D., Vincent J. Santare, M.D., James H. Gosman, M.D., Joe Dukes, M.D., Gilbert M. Wilhelmus, M.D., Hugh K. Thatcher, Jr., M.D., Arvine G. Popplewell, M.D., Frank B. Ramsey, M.D., and James A. Waggener, executive secretary. Lee Mortenson, field representative of the American Medical Association, was a guest.

MINUTES OF THE MEETING held September 8, 1973, were approved as presented by a motion by Doctor Gosman seconded by Doctor Wilhelmus.

THE MEMBERSHIP REPORT was reviewed and approved on motion of Doctor Gosman and a second by Doctor Thatcher.

Membership report as of August 31, 1973

ISMA	1973	1972	Increase over 8/31/72
Full dues paying	4,093	4,026	67
Residents	85	76	9
Exempt	497	466	31
TOTAL	4,675	4,568	107
AMA			
Full dues paying	3,750	3,725	25
Residents	67	32	35
Exempt	497	466	31
TOTAL	4,314	4,223	91
Paid ISMA—not AMA			
Full dues paying	343	301	16
Residents	18	44	26
TOTAL	361	345	10

REPORT ON SALE OF EXHIBIT SPACE. The secretary reported that 47 spaces had been sold to 44 companies for an income of $12,500. In addition, $200.00 had been received from each of the following companies: Ciba Pharmaceuticals, William S. Merrell Company and A. H. Robins Company; and $100.00 from Stuart Pharmaceutical Company. Following discussion of this, upon motion of Doctor Gosman, and taken by consent, it was decided to refer this matter to the Board of Trustees with the suggestion they consider separating the House of Delegates meetings from the scientific programs.

Treasurer's Report

THE TREASURER REPORTED IN DETAIL the results of the fiscal year ending September 30, 1973, subject to audit. Following discussion of the report, upon motion of Doctor Wilhelmus and a second by Doctor Gosman, the treasurer's report was approved.

Organization Matters

LETTER FROM THE MONROE COUNTY SCHOOL CORPORATION—A letter seeking the opinion of the Association concerning the medication of students in schools by faculty and teachers was reviewed and, by consent, it was agreed that the corporation should be advised that they should have a release of responsibility from the parents of the children and further suggested that they research the question of how these situations are being handled in other public schools.

RENEWAL MEMBERSHIP—INDIANA TRAFFIC SAFETY COUNCIL—Upon motion by Doctor Gosman seconded by Doctor Thatcher, renewal of the membership of the Association in the Indiana Traffic Safety Council was approved.

LETTER FROM AMERICAN MEDICAL ASSOCIATION—A letter from the American Medical Association transmitting two documents, namely "Programs in Basic Medical Sciences" and "Functions and Structure of a Medical School" were reviewed by the committee. We were informed that the Council on Medical Education would like to have our opinion and for us to consider these two documents which will be made a matter of business at the AMA meeting in December 1973. On motion of Doctor Wilhelmus and a second by Doctor Gosman, the secretary was instructed to duplicate the documents and distribute them to the committee.

LETTER FROM THE WAYNE-UNION COUNTY MEDICAL SOCIETY informing the State Medical Association they concur that the Public Health Physician Services be utilized in Liberty, Indiana. By consent, this was referred to the Board of Trustees.

LETTER FROM THE AMA seeking recommendations for membership on Committees and Councils of the AMA was reviewed and, by consent, was referred to the Board of Trustees.

LETTER FROM THE LOUISIANA STATE MEDICAL SOCIETY asking the Association to contact its Congressmen concerning the introduction of a bill which had been introduced by their Congressmen to repeal the PSRO portion of Public Law 92-603. Upon motion of Doctor Gosman seconded by Doctor Dukes, the secretary was instructed to ask our congressional delegation to support this measure, and refer the information to the Board of Trustees.

LETTER FROM THE AMA stating that Indiana had exceeded Illinois and Missouri in obtaining additional AMA members was taken as a matter of information.

REQUEST FROM WOMAN'S AUXILIARY for a contribution to assist them in their program was approved on a motion by Doctor Wilhelmus and seconded by Doctor Gosman. The secretary was instructed to again suggest to them the combining of their meeting with that of ISMA.

LETTER FROM AN INDIANA PHYSICIAN enclosing an advertisement which had been running in a paper announcing the opening of a medical clinic was reviewed; and, inasmuch as the ad was appearing in papers other than the city in which the clinic was located, it was suggested that the physicians in-

volved be sent a copy of the Principles of Medical Ethics concerning advertising.

LETTER FROM THE MICHIGAN STATE MEDICAL SOCIETY concerning the meeting of the presidents and presidents-elect of the Great Lake States was read and, by consent, it was approved to have a meeting of this group in Anaheim, California.

LETTER FROM THE INDIANA STATE NURSES' ASSOCIATION concerning their opinion of a definition which they desire to put in their law concerning a legal definition of "Nursing" as it pertains to the registered nurse was reviewed and referred to the Board of Trustees.

REQUEST OF THE ACCREDITATION COMMITTEE for funds for their program was discussed and referred to the Board of Trustees.

REPORT OF W. A. BRENNAN, INC. regarding the building was taken as a matter of information.

LETTER FROM A PHYSICIAN CONCERNING PROBLEMS he is having with Blue Shield. The secretary was instructed to send the letter to the Blue Shield Board member from that particular district. Upon motion of Doctor Wilhelmus seconded by Doctor Gosman, the secretary was instructed to write the chairman of the Board of Blue Shield to inquire why they had changed their policy.

The Journal

REQUEST FROM TRAVENOL LABORATORIES, INC., to advertise in The Journal was approved upon motion by Doctor Wilhelmus and a second by Doctor Dukes.

Legal Matters

A report was made on the letter which had been received from a physician some time ago concerning his malpractice case. It was again reviewed and, inasmuch as the physician had never filed for Medical Defense, the matter was tabled until such an application is received by the Headquarters Office.

New Business

LETTER FROM LEGAL COUNSEL informing us that the case regarding the statute of limitations has been appealed.

JOINT COMMISSION ON ACCREDITATION OF HOSPITALS—For the information of the committee, Doctor Santare reviewed some of the events that had been related to the Commission.

There being no further business, the committee adjourned to meet again following the close of the final meeting of the House of Delegates on Thursday, October 11, 1973.

EXECUTIVE COMMITTEE

October 11, 1973

The organization meeting of the Executive Committee was convened by Vincent J. Santare, M.D., Chairman of the Board of Trustees, in Rooms 210-212 of the Indiana Convention Center, Indianapolis, immediately upon the conclusion of the organizational meeting of the Board of Trustees.

ROLL CALL showed the following present: Donald M. Kerr, M.D., William R. Clark, M.D., Joe Dukes, M.D., Gilbert M. Wilhelmus, M.D., Vincent J. Santare, M.D., Hugh K. Thatcher, Jr., M.D., and Arvine G. Popplewell, M.D.

By secret ballot, Donald M. Kerr, M.D., was elected chairman of the Executive Committee for the coming year.

The Committee welcomed William R. Clark, as a new member of the Executive Committee.

The routine business of signing bank cards was conducted.

There being no further business at this time, the committee adjourned to meet again at 2:00 p.m., EST. Saturday November 10, 1973, in the headquarters building, Indianapolis.

BOARD OF TRUSTEES

October 9, 1973

District	Trustee	
1	Gilbert Wilhelmus, chairman	Present
2	Paul W. Holtzman	Absent
3	Eli Goodman	Present
4	Howard C. Jackson	Present
5	Cleon M. Schauwecker	Present
6	Paul M. Inlow	Present
7	John O. Butler	Present
7	Joseph F. Ferrara	Present
8	Richard G. Ingram	Present
9	William M. Sholty	Present
10	Vincent J. Santare	Present
11	James A. Harshman	Present
12	William R. Clark	Present
13	G. Beach Gattman	Present

Alternate

1	Raymond L. Newnum	Absent
2	Betty J. Dukes	Present
3	Thomas A. Neathamer	Absent
4	William F. Blaisdell	Absent
5	William G. Bannon	Present
6	Glenn Ward Lee	Present
7	Donald C. McCallum	Present
7	John G. Pantzer	Present
8	Jack L. Alexander	Present
9	Max N. Hoffman	Absent
10	Martin J. O'Neill	Present
11	Lloyd L. Hill	Present
12	Walter E. Greist	Absent
13	Donald S. Chamberlain	Present

Officers

James H. Gosman	Present
Joe Dukes	Present
Hugh K. Thatcher, Jr.	Present
Arvine G. Popplewell	Present
Frank B. Ramsey	Absent

Executive Committee

Donald M. Kerr	Absent
Vincent J. Santare	Present

AMA Delegates and Alternates

James A. Harshman	Present
Eugene F. Senseny	Present
Malcolm O. Scamahorn	Present
Lowell H. Steen	Absent
Jack E. Shields	Present
A. Alan Fischer	Absent
Ross L. Egger	Absent
Kenneth O. Neumann	Present
Thomas C. Tyrrell	Present
Patrick J. V. Corcoran	Absent

Guests

Donald E. Wood, Member of the AMA Board of Trustees	Present
James H. Sammons, Baytown, Texas, Trustee of the AMA	Present
Marvin Edwards, Editor of Private Practice	Present

Staff

Howard Grindstaff	Present
James A. Waggener	Present
Mary Alice Cary	Present

LOCATION FOR THE 1978 CONVENTION

In relation to picking the location for the 1978 Meeting, the Board discussed the possibility of holding the 1974 Convention elsewhere. By motion of Dr. Gosman and seconded by several and carried, it was voted that the 1974 Convention be held in Indianapolis since this is the 125th Anniversary of the Association.

Dr. Jackson moved, seconded by several that the 1978 Convention be held in Indianapolis, the motion was put to a vote and carried.

The Trustees then who had attended the various meetings of Reference Committees discussed some of the highlights of the hearings for the information of the Board.

The next item discussed was the election of officers by ballot, as had been announced by the President and it was pointed out that this might not be in accordance with the Constitution, since the election must be held at the last meeting of the House.

Dr. James Sammons, a member of

the AMA Board of Trustees was then introduced. He spoke briefly concerning the policy-making bodies of the American Medical Association.

Dr. Wood, a member of the AMA Board of Trustees was then called upon to discuss the development of a lawsuit to fight the bad public relations, and he said the AMA was interested, but did not have the multi-million dollars it would take to do this. Dr. Thatcher stated he thought it would be wise for the AMA to tell a physician "it is not the dollar they are going to save, but the dollar they are going to spend." It was mentioned then by several, that even non-members of the AMA would probably give funds to the AMA to spend on such a suit.

Marvin Edwards, Editor of Private Practice magazine was introduced to the group.

The Secretary was then requested to look into the possibility of supplying tapes of Dr. Heartsil Wilson's talk to the County Medical Societies.

There being no further business, the meeting was adjourned at 8:50 A.M.

BOARD OF TRUSTEES

October 11, 1973

The Organization Meeting of the Board of Trustees was called to order on Thursday, October 11, 1973 in Room 212 of the Convention Center by President Joe Dukes.

Roll Call showed the following:

Dist.	Trustee	
1	Gilbert Wilhelmus	Present
2	Paul W. Holtzman	Present
3	Eli Goodman	Present
4	Howard C. Jackson	Present
5	Cleon M. Schauwecker	Present
6	Paul M. Inlow	Present
7	John O. Butler	Present
7	Joseph F. Ferrara	Present
8	Richard G. Ingram	Present
9	William M. Sholty	Present
10	Vincent J. Santare	Present
11	James A. Harshman	Present
12	John S. Farquhar, Jr.	Present
13	G. Beach Gattman	Present
	James H. Gosman	Present

Alternate

7	Donald C. McCallum	Present
7	John G. Pantzer	Present
10	Martin J. O'Neill	Present
11	Lloyd L. Hill	Present
13	Donald S. Chamberlain	Present

In accordance with the Chapter 7, Section 1 of the Bylaws, the Chairman distributed ballots to the voting members of the Board for selection of the chairman of the Board of Trustees.

A secret ballot was taken and after it was counted Dr. Vincent J. Santare was named chairman of the Board of Trustees, and took the chair.

Election of Two Members to the Executive Committee

The next item of business was naming two members to the Executive Committee, and the election showed that Dr. Donald Kerr and Dr. William R. Clark had been chosen representatives on the Executive Committee.

Dues for Interns and Residents

The next item of business was the establishment of dues for Interns and Residents as provided in the Resolution adopted by the House of Delegates and, by motion of Dr. Gattman seconded by Dr. Rosenblatt, the dues for Interns and Residents for the year 1974 is established at $25.

Next Meeting of the Board

By consensus, the next meeting of the Board was set for the 10th and 11th of November, with the meeting on the 10th beginning with a dinner at 6:00 p.m. and the Sunday session beginning at 9:00 a.m. on the 11th.

There being no further business, the meeting was adjourned.

INDIANA STATE MEDICAL ASSOCIATION

Financial Statements
September 30, 1973
with
Supplementary Schedules

Indianapolis
October 26, 1973

Board of Trustees,
Indiana State Medical Association,
Indianapolis, Indiana

We have examined the statement of financial condition of the Indiana State Medical Association as of September 30, 1973, and the related statements of general fund income and expense and changes in fund balances for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying statements present fairly the financial position of the Indiana State Medical Association at September 30, 1973, and the results of its general fund operations and changes in fund balances for the year then ended, in conformity with generally accepted accounting principles for organizations of this type applied on a basis consistent with that of the preceding year.

The accompanying supplementary schedules have been subjected to the tests and other auditing procedures applied in the examination of the financial statements mentioned above and, in our opinion, are fairly stated in all material respects in relation to the financial statements taken as a whole.

GEO. S. OLIVE & CO.
Certified Public Accountants

EXHIBIT A

INDIANA STATE MEDICAL ASSOCIATION
Statement of General Fund Income and Expense

Year Ended September 30

	1973 Budget	1973 Actual	1972 Actual
INCOME:			
Dues	$433,220	$439,715.00	$404,978.35
Less: Dues allocated as follows:			
Building fund	40,194	40,780.00	40,291.25
American Medical Education fund	20,100	20,407.50	20,087.50
The Journal	24,568	24,982.50	25,444.25
Medical Defense fund	5,024	5,097.50	5,148.90
	89,886	91,267.50	90,971.90
Dues available for general fund operations	343,334	348,447.50	314,006.45
Other income:			
Investment income	12,000	22,582.95	12,078.16
Amounts received from American Medical Association	4,200	4,151.80	4,114.90
Miscellaneous income	20,000	10,621.90	6,667.89
	379,534	385,804.15	336,867.40
EXPENSE:			
Committees and commissions	64,250	28,410.10	23,445.33
Officers and board	54,500	42,727.96	54,048.20
General and administrative	249,205	250,229.90	210,205.21
The Journal—net operating loss	25,877	23,836.98	18,107.19
Annual meeting expense	6,245	6,438.10	15,056.60
	400,077	351,643.04	320,862.53
NET INCOME (LOSS)	$(20,543)	$ 34,161.11 (Exhibit C)	$ 16,004.87 (Exhibit C)

See accompanying notes to financial statements.

EXHIBIT B

INDIANA STATE MEDICAL ASSOCIATION
Statement of Financial Condition

	September 30 1973	1972
ASSETS		
GENERAL FUND:		
Cash on deposit and on hand	$ 87,522.85	$107,428.58
Investments—at cost:		
U.S. Treasury bonds (market value $46,225 at September 30, 1973)	55,167.37	55,199.69
U.S. Treasury bonds (market value $46,225 at September 30, 1973)	179,829.30	131,782.71
Mutual fund shares (market value $35,320 at September 30, 1973)	31,038.50	29,475.66
Accounts receivable	24,999.70	10,757.42
Prepaid expense and miscellaneous assets	12,070.72	16,295.06
Office furniture and equipment—net of accumulated depreciation of $19,222 and $18,553, respectively	19,845.68	12,278.44
	410,474.12	363,217.56
BUILDING FUND:		
Cash on deposit	4,142.28	5,210.60
Cash in savings account	6,937.74	6,601.46
U.S. Treasury bills	159,857.92	97,338.18
Prepaid expense	865.88	857.72
Headquarters property—note 2:		
Land	69,187.60	69,187.60
Office building and improvements—net of accumulated depreciation of $79,685 and $70,234, respectively	252,769.54	262,221.11
	321,957.14	331,408.71
Rental properties—net of accumulated depreciation of $14,329 and $12,418, respectively	78,829.32	80,739.80
	572,590.28	522,156.47
STUDENT LOAN FUND:		
Cash in savings account	19,190.00	19,124.08
Certificates of deposit	20,810.00	20,810.00
Notes receivable from students		65.92
	40,000.00	40,000.00
MEDICAL DEFENSE FUND:		
Cash on deposit	807.60	1,287.85
Cash in savings account	22,021.46	16,730.19
U.S. Treasury bonds (market value $19,060 at September 30, 1973)	25,323.40	25,332.13
	48,152.46	43,350.17
	$1,071,216.86	$968,724.20

See accompanying notes to financial statements.

LIABILITIES AND FUND BALANCES	September 30 1973	1972
GENERAL FUND:		
Accounts payable	$ 5,347.47	$ 11,823.93
Payroll taxes withheld	1,689.34	
Accrued taxes	308.21	68.14
Allocation of dues payable to American Medical Education and Research Fund	20,407.50	20,087.50
Advances from American Medical Association	9,277.81	10,033.71
Unearned portion of current year dues	107,692.13	95,889.63
Exhibitors' deposits for annual meeting	13,920.00	18,400.00
Fund balance—exhibit C	251,831.66	363,217.56
	410,474.12	363,217.56
BUILDING FUND:		
Accrued taxes on rental properties	2,857.43	2,826.60
Damage deposits and accounts payable	706.25	691.25
Loans from members (non-interest bearing)	20,825.00	21,225.00
Fund balance—exhibit C	548,201.60	497,413.62
	572,590.28	522,156.47
STUDENT LOAN FUND:		
Fund balance—exhibit C:		
Principal balance appropriated from general fund—note 3	40,000.00	40,000.00
	40,000.00	40,000.00
MEDICAL DEFENSE FUND:		
Fund balance—exhibit C	48,152.46	43,350.17
	48,152.46	43,350.17
	$1,071,216.86	$968,724.20

INDIANA STATE MEDICAL ASSOCIATION

Statement of Changes in Fund Balances

Exhibit C

	Year Ended September 30, 1973			
	General Fund	Building Fund	Student Loan Fund	Medical Defense Fund
FUND BALANCES, BEGINNING OF YEAR	$206,914.65	$497,413.62	$40,000.00	$43,350.17
ADDITIONS:				
Net income—exhibit A	34,161.11			
Restricted grant and contribution received for the purchase of office furniture and equipment	10,755.90			
Dues allocated to restricted funds		40,780.00		5,097.50
Restricted income credited directly to fund balances		7,157.93		1,863.39
Refund of prior years property taxes (including interest received of $7,308.66)		34,960.09		
	44,917.01	82,898.02		6,960.89
DEDUCTIONS:				
Headquarters building expense charged directly to building fund:				
Depreciation		9,451.57		
Utilities		6,649.83		
Repairs and maintenance		5,639.76		
Insurance		1,602.00		
Cleaning service		6,870.00		
		30,213.16		
Less: Building expenses allocated to other activities		5,411.78		
		24,801.38		
Legal expenses charged directly to restricted funds		7,308.66		2,158.60
		32,110.04		2,158.60
FUND BALANCES, END OF YEAR—exhibit B	$251,831.66	$548,201.60	$40,000.00	$48,152.46

See accompanying notes to financial statements.

INDIANA STATE MEDICAL ASSOCIATION
Notes to Financial Statements

NOTE 1—SIGNIFICANT ACCOUNTING POLICIES:

The Association was organized as the Indiana State Medical Society in 1849. The Articles of Incorporation were amended in 1926 to change the name to the Indiana State Medical Association. The purposes for which the Association was formed were to extend medical knowledge; advance medical science; elevate standards of medical education; enlighten the public in regard to problems of medical care, public health, cure of disease; thereby prolonging and adding comforts to life. The Association is exempt from the payment of federal income tax (except on unrelated business income) under the provisions of Section 501 of the Internal Revenue Code as an organization formed and operated to promote the objectives outlined above.

The financial affairs of the Association are reflected in a number of self-balancing entities referred to as funds as set forth in the accompanying financial statements. The financial results of the Association's day-to-day operations (including The Journal, the Association's monthly publication, but excluding its headquarters building operation) are reflected in the general fund, while the other funds include the financial activities of special operations or projects as indicated in the fund designation. Within these funds, the Association maintains its books and records on the accrual basis. Investments in securities, rental properties and various other assets reflected in the statement of financial condition are carried at cost if purchased or at market value at date of receipt if acquired by gift. Unless stated otherwise, the market value of investments approximates cost.

Depreciable assets, including rental properties, are carried at cost and are depreciated on the straight-line method over the estimated useful lives of the respective assets.

NOTE 2—RESTRICTION OF BUILDING FUND ASSETS:

The building fund assets are restricted for the replacement of the headquarters building to the extent of the related accumulated depreciation of $79,685 at September 30, 1973.

NOTE 3—STUDENT LOAN FUND PRINCIPAL:

The Student Loan fund is a separate irrevocable charitable trust established in October, 1955 for the purpose of making loans to medical students. The assets and equity of this trust are included in the accompanying financial statements in order to reflect the fiduciary responsibilities of the Indiana State Medical Association as trustee of the fund. This loan fund was created through cash appropriations from the general fund totaling $40,000 over a five-year period beginning in May, 1956.

Under the terms of an agreement with The Indiana National Bank, Indianapolis, the bank is making loans to students enrolled and in satisfactory standing at the Indiana University Medical School at the rate of twelve and one-half dollars for each dollar placed in a capital reserve at the bank. As of September 30, 1973, the bank held $20,810 in this capital reserve (represented by certificates of deposit) thereby producing an available loan balance approximating $260,000, of which $16,820 had been loaned to medical students. The Association is contingently liable for these latter loans to the extent of the collateral only.

The Executive Committee, in conjunction with the Student Loan Committee, reviews the student loan situation annually for the purpose of authorizing further general fund appropriations to the loan fund as additional funds are needed to guarantee loans under the agreement with The Indiana National Bank.

NOTE 4—PENSION PLAN:

The Association has a pension plan covering all of its full-time employees with over three years of service. The total pension expense for 1973 and 1972 was $17,061 and $15,544, respectively. The past service cost is fully funded. The total assets of the pension fund exceeded the value of vested benefits at September 30, 1973.

SUPPLEMENTARY SCHEDULES

Schedule A-1

INDIANA STATE MEDICAL ASSOCIATION
Analysis of Operating Expense—
Committees and Commissions—Officers and Board

	Year Ended September 30		
	1973 Budget	1973 Actual	1972 Actual
COMMITTEES AND COMMISSIONS:			
Standing committees:			
Executive	$ 6,000	$ 7,109.30	$ 5,642.60
Grievance	500	194.16	597.87
Student loan	50		
Medical-legal review	250	60.00	248.00
Future planning	250	579.28	169.64
Sports and medicine	300	311.90	337.10
Commissions:			
Constitution and bylaws	250	172.73	130.74
Legislation	2,000	2,772.57	1,389.45
Public information	2,000	3,074.98	2,022.28
Governmental medical services	300	254.64	286.49
Public Health	700	291.43	778.40
Voluntary health agencies	1,150	960.53	1,005.46
Medical economics and insurance	650	939.15	634.40
Inter-professional relations	100	429.08	
Medical education and licensure	2,000	2,794.49	2,739.95
Special activities	500	1,050.28	571.76
Aged and aging	300	561.29	345.31
Emergency medical services	350	1,091.01	370.60
Special programs and miscellaneous	40,700	3,343.45	2,536.66
Education	2,000		
Board committees:			
Maternal Mortality	200	286.94	322.98
County Society Officers' Conference	3,500	2,132.89	3,315.64
Medical insurance review	200		
Totals—exhibit A	$64,250	$28,410.10	$23,445.33
OFFICERS AND BOARD:			
President	$10,000	$ 7,094.35	$11,022.62
President-elect	4,500	3,023.53	2,724.53
A.M.A. meetings	20,000	16,520.84	22,414.28
Treasurer's office	4,000	3,540.00	3,945.00
Board chairman	1,500	2,145.04	866.33
Board meetings and travel	11,500	8,189.20	10,375.44
Contributions	3,000	2,215.00	2,700.00
Totals—exhibit A	$54,500	$42,727.96	$54,048.20

Schedule A-2

INDIANA STATE MEDICAL ASSOCIATION

Analysis of Operating Expense—General and Administrative

	Year Ended September 30		
	1973 Budget	1973 Actual	1972 Actual
Salaries	$137,500	$135,343.10	$115,263.89
Payroll taxes	5,550	6,305.22	4,160.93
Employees retirement expense	17,500	18,256.83	15,543.95
Hospitalization and disability insurance	5,000	4,807.31	4,486.96
General insurance	2,500	2,321.72	1,850.31
Telephone and telegraph	12,000	11,764.68	9,946.69
Postage	8,000	6,777.67	5,996.32
Printing and office supplies	12,000	14,665.08	9,488.72
Travel, entertainment and field expense	20,000	19,395.51	17,336.06
Dues and publications	1,200	1,010.30	1,135.00
Indiana Gross Income Tax	300	412.50	247.34
Depreciation of furniture and equipment	2,000	3,055.11	3,101.01
Equipment maintenance, supplies, etc.	1,800	1,923.68	1,681.60
Legal fees	4,000	3,527.10	3,413.41
Accounting data processing services	2,280	2,160.00	1,960.00
Membership data processing services and related expense	9,000	11,212.32	7,707.80
News Flash expense	5,000	1,341.29	1,312.75
County-District Society service	1,000	1,482.60	792.54
Miscellaneous	2,575	4,467.88	4,779.93
Totals—Exhibit A	$249,205	$250,229.90	$210,205.21

Schedule A-3

INDIANA STATE MEDICAL ASSOCIATION

The Journal Statement of Operations

	Year Ended September 30		
	1973 Budget	1973 Actual	1972 Actual
INCOME:			
Dues allocated from general fund	$ 25,338	$ 25,878.50	$ 25,444.25
Subscriptions—non-members		1,863.00	1,438.00
Advertising	31,200	28,122.54	35,976.23
Other	5,260	3,863.12	2,824.85
	61,798	59,727.16	65,683.33
EXPENSE:			
Salaries, commissions and outside help	24,100	21,107.40	22,780.65
Employees retirement expense	900	803.89	724.19
Hospitalization and disability insurance	750	740.31	622.59
Other insurance	150	146.84	146.84
Printing and reprints	45,200	45,189.11	42,832.86
Engraving, art work and photographs	5,600	5,050.33	6,847.78
Office supplies and postage	1,100	1,475.52	869.87
Travel and meeting expense	500	388.98	64.31
Bulk mailing	1,300	1,148.08	1,089.33
Other publishing expense	1,272	1,052.03	1,204.52
Indiana Gross Income Tax	250	165.32	201.20
Payroll taxes	1,000	990.06	810.88
Rent and depreciation	3,528	3,518.88	3,515.53
Telephone and telegraph	500	511.24	453.73
Data processing services	360	360.00	330.00
Cash discounts allowed and miscellaneous	1,165	916.15	1,296.24
	87,675	83,564.14	83,790.52
NET (LOSS)—exhibit A	$(25,877)	$(23,836.98)	$(18,107.19)

Schedule A-4

INDIANA STATE MEDICAL ASSOCIATION

Analysis of Operating Expenses—Annual Meeting

	Year Ended September 30	
	1973	1972
Convention planning	$ 45.50	$ 144.04
Speakers' travel and expense	2,246.87	3,559.76
Technical exhibits, circulars, etc.	2,085.58	3,015.20
Scientific program and exhibits	2,111.50	1,644.09
Programs, handbooks and printing	7,218.40	5,843.56
Badges	247.43	238.22
Meetings—Trustees and House of Delegates	1,230.58	1,279.06
Telephone service	100.74	111.34
Office personnel expenses	144.00	244.22
Plaque awards	379.34	472.17
Prizes—annual meeting	105.98	172.60
50-year Club	218.70	371.99
Photography	635.00	570.20
Banquet, luncheon and party	3,961.26	5,585.68
Hall rental	4,916.97	2,429.19
Miscellaneous	2,640.25	2,650.28
	28,288.10	28,331.60
Less: Income from exhibitors' booths	21,850.00	13,275.00
Excess of expense over income—exhibit A	$ 6,438.10	$15,056.60

About Our Cover

As the Indiana State Medical Association begins its 125th year of service to its physician members and to the citizens of Indiana, it salutes the Grant County Medical Society which was founded one year earlier than the state association. Dr. Henry Fisher, president of the Grant County Medical Society, recently presented a plaque commemorating the society's 125th anniversary at the main entrance to Marion General Hospital.—Photo courtesy of the Marion Chronicle-Tribune.

COMMERCIAL ANNOUNCEMENTS

FOR SALE: Officially, Attested, Advanced Register Angus **bulls, also, frozen semen from proven sires. Write today for** prices and production data.

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EXCELLENT OFFICE SPACE available, Professional Building, 6049 E. Washington St., Indianapolis. Five rooms, pharmacy in the building; available for immediate occupancy, adequate parking; near Interstates. Call 356-6087 or 882-0160.

FAMILY PRACTITIONERS

Excellent opportunity to thrive in a group setting. Premium financial reward. Partnership in one year. Great investment opportunities. Fringe benefits. Healthy active community with good schools located in northwest Indiana. Please contact: W. V. Hehemann, M.D., Department of Family Practice, The Hammond Clinic, 7905 Calumet Avenue, Munster, Ind. 46321.

PHYSICIANS OPENINGS IN INDIANA REHABILITATION SERVICES

The Indiana Rehabilitation Services has openings for physicians in its various divisions. Interested persons should contact Dr. Walter E. Deacon, Room #1028 Illinois Building, Indianapolis, Indiana. Telephone (317) 633-6942.

EMERGENCY ROOM PHYSICIAN

Modern, 350-plus bed general hospital located in pleasant midwestern city of 45,000 pop. seeks E.R. Physician to cover expanding service. Will join staff of four experienced E.R. Physicians in new facility. Salary range: $35,000-$40,000. Please send resume to Box 392, The Journal, 3935 N. Meridian St., Indianapolis 46208.

FAMILY PRACTICE opening January 1974 in two-man office. Cashmere, Wash., outstanding orchard community. Scenic area with unlimited recreation opportunities. Partner retiring. Initial salary and early partnership. Edgar A. Meyer, M.D. (Iowa '50) ABFP, 303 Cottage Ave., Cashmere, Wash. 98815 AC509/782-1541

WANTED

Family practitioners, pediatricians, internists, and obstetricians for dynamic municipal Midwest Health Department providing innovative primary care. Faculty appointment available. Salary $27,500-$30,000 negotiable. Must be eligible for Ohio license. Reply P.O. Box 238, Cincinnati, Ohio 45202.

1973 ROSTERS AND YEARBOOKS are available. Send check for $5.00 for the Yearbook (June issue) or $3.00 for the Roster to: The Journal, 3935 N. Meridian St., Indianapolis 46208.

GENERAL SURGEON, Board eligible, married, desires to relocate practice in small town with good hospital, prefer solo, good references, available anytime. Write Box 391, The Journal, 3935 N. Meridian St., Indianapolis 46208.

WANTED: GENERAL PRACTITIONER. Good area; good hospital; three months free rent. Write P.O. Box 36067, Oaklandon, Ind. 46236.

32-YEAR OLD physician desires partner in active General Practice. Town is located on beautiful lake Maxinkuckee. Practice, though private, is associated with Culver Military Academy. Contact Michael Deery, M.D. Call collect: 219-842-3327.

POSITION AVAILABLE: Medical Director of newly developed comprehensive community mental health center serving LaPorte County, Indiana, population 110,000. Psychiatric unit in new LaPorte Hospital, two outpatient clinics; recently funded federal staffing grant. Center specializes in short-term intensive care. Salary $38,000-$42,000, negotiable on qualifications and experience. Many fringe benefits. Board certified or eligible required. Desire experience in community psychiatry. Contact B. Backer, M.D., LaPorte Hospital, LaPorte, IN 46350.

NOTICE

Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

Charges for commercial announcements are:

First four lines: $3.00
each additional line: 50¢

Send cash with order. Average count: seven words to the line.

DEADLINE: Fifth day of month PRECEDING month of issue.

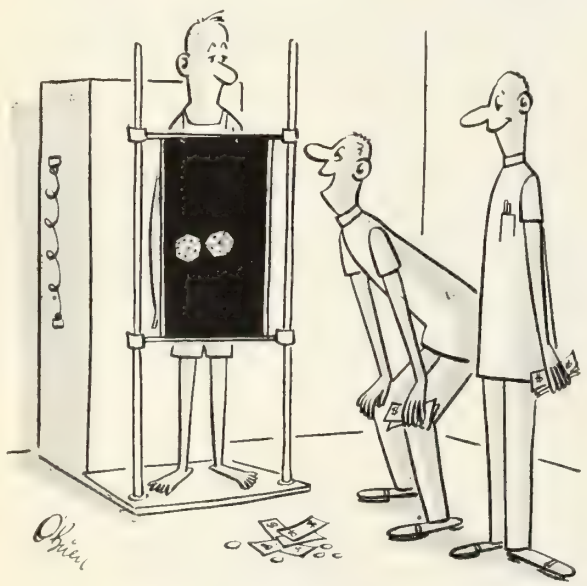
Indiana Medical Foundation, Inc.

Established by the Indiana State Medical Association for educational and scientific purposes, including an endowment fund for publication of **The Journal.**

Contributions made to the Foundation are deductible by donors in accordance with the Internal Revenue Code.

Bequests, legacies, devises, transfers or gifts to the Foundation are deductible for Federal estate and gift tax purposes.

The Foundation is an ideal recipient of gifts made in memory of deceased friends and relatives. A special Memorial Book is maintained to record such gifts. Special memorial funds may be established within the Foundation to honor individuals.



"Would you hiccup again, please?"

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January 1974 Vol. 67 No. 1

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February 1974 • Vol. 67 • No. 2

The JOURNAL

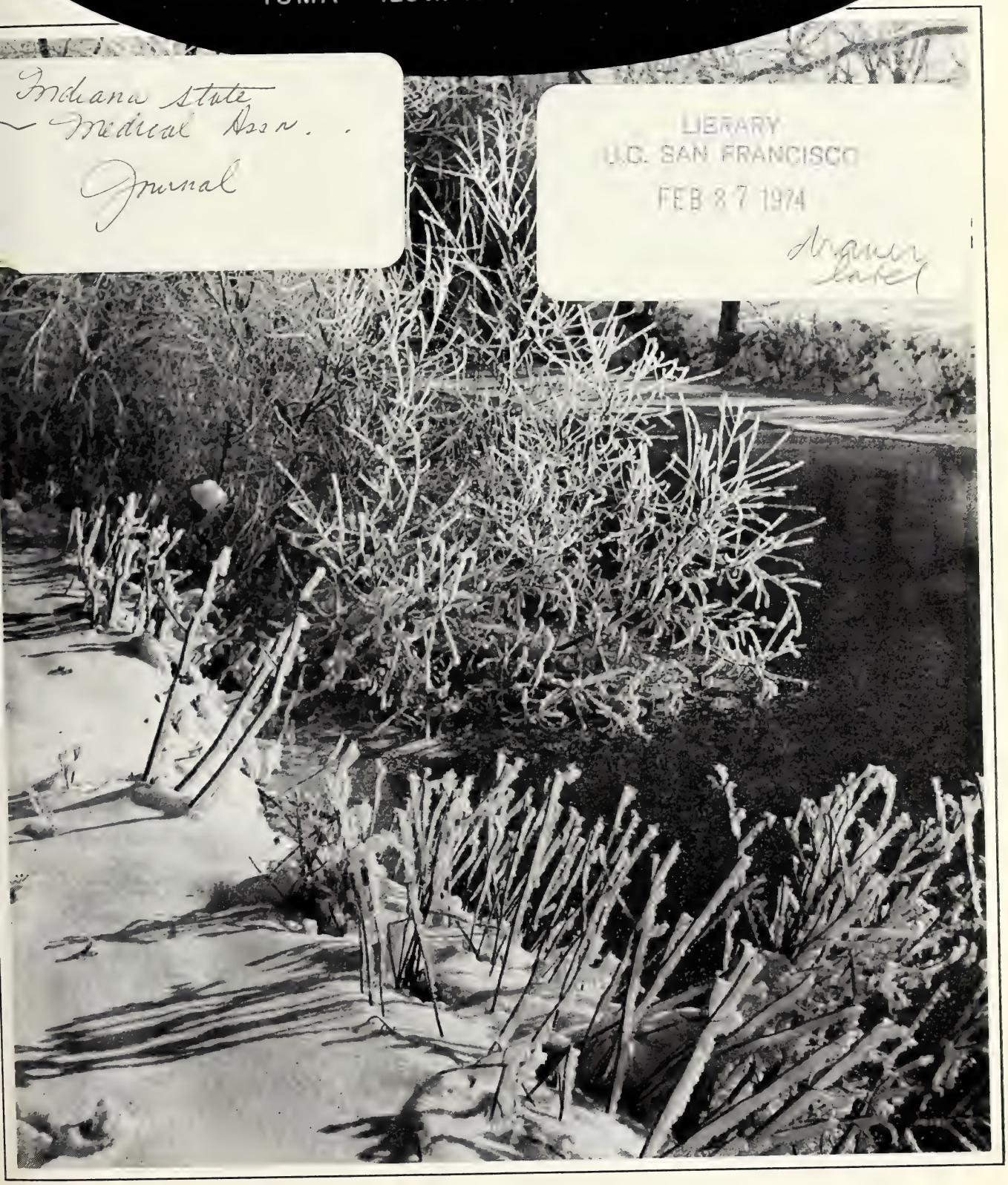
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Indiana State Medical Assn.
Journal

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This psychoneurotic often responds

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

When you determine that the depressive symptoms are associated with or secondary to predominant anxiety in the psychoneurotic patient, consider Valium (diazepam) in addition to reassurance and counseling, for the psychotherapeutic support it provides. As anxiety is relieved, the depressive symptoms referable to it are also often relieved or reduced.

The beneficial effect of Valium is usually pronounced and rapid. Improvement generally becomes evident within a few days, although some patients may require a longer period. Moreover, Valium (diazepam) is generally well tolerated. Side effects most commonly reported are drowsiness, ataxia and fatigue. Caution your patients against engaging in hazardous occupations or driving.

Frequently, the patient's symptoms are greatly intensified at bedtime. In such situations, Valium offers an additional advantage: adding an *h.s.* dose to the *b.i.d.* or *t.i.d.* schedule can relieve the anxiety and thus may encourage a more restful night's sleep.

symptom complex to Valium® (diazepam)

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

Valium® 2-mg, 5-mg, 10-mg tablets
(diazepam)

Letters

to the editor

To the Editor:

As chief medical consultant for the Indiana agency, I would like to take this opportunity to express my appreciation to all physicians and allied medical personnel who have assisted us during the past year in furnishing medical reports for patients who apply for social security disability benefits. The timely receipt of these reports has been of vital importance in assuring prompt and proper evaluation of disability claims. The disabled workers and their dependents in this state that are receiving social security benefits are totally federally funded. This helps to replace the income they lose due to disability.

In this agency, which makes disability determinations on behalf of the Social Security Administration for Indiana residents, the medical evidence in each case is reviewed by a physician. Since the evaluating physican never sees the applicant, he depends heavily on the data supplied by the treating sources. In the majority of our cases, the nature and extent of the claimant's impairment can be determined on the basis of evidence from the records of his treating physicians and hospital records. For this reason we are doubly grateful for the quality of the medical reports furnished us by the physicians of this State.

In January 1974, the Social Security Administration began administering the new Federal program of supplemental security income which provides financial assistance to needy people who are aged, disabled, or blind. State agencies now handling social security disability claims will accept a similar responsibility under the supplemental security income program. With the anticipated increase of State disability determination unit workloads, there will be a need to expand our medical sources to obtain medical reports needed for adjudication of these new claims. Additionally, under this new program, we will be responsible for the first time for evaluating disability claims filed for children who are under the age of 18. For these reasons it is necessary for us to reach pediatricians as well as other specialists in order to effectively administer the program.

The Indiana Disability Determination Unit invites inquiries from physicians interested in serving as medical evaluators or as members of the agency panel of physicians available in their practices to perform special examinations of applicants. Physicians may send correspondence to 17 West Market Street, 932 Illinois Building, Indianapolis 46204 or telephone collect: 317-633-4533.

As we leave the year behind and enter a new year of continuing program challenge and opportunity, I want to express to you my personal thanks for your past contributions and request your continued assistance in the future.

M. CORNACCHIONE, M.D.
State Agency
Chief Medical Consultant
Disability Determination Division

To the Editor:

The Bryman School trains both office managers and medical assistants.

Compared with the 1950s, the average physician now sees two or three times as many patients, a result of increases both in population and demand for health care.

Fifteen years ago most physicians ran a "one girl" office. Trained on the scene, the girl often was the wife, who received patients and lent an extra pair of hands.

The one-girl office has all but disappeared, replaced by a four-to-six-girl office. Not only do these girls furnish pairs of hands, but they must represent the "face" of the office to the public. Most are no longer trained on the job; they arrive knowledgeable, disciplined and prepared to work.

Professional Careers Institute, formerly The Bryman School, in Indianapolis, trains women to serve as the physician's auxiliary personnel. P.C.I. was the second private vocational school in the country to receive accreditation by the Council on Medical Education of the American Medical Association in collaboration with the American Association of Medical Assistants.

P.C.I. is also accredited by the Accrediting Commission of the National Association of Trade and Technical Schools, one of HEW's accrediting agencies, and the State of Indiana Private School Accrediting Commission.

The Medical Assistants' course is a seven-month program, one month of which is spent, "externing" or working in an office. The students learn to give injections, venipuncture techniques, blood pressures, first aid and sterilization procedures, laboratory tests, including urinalysis. The students learn how to take X-rays, electrocardiograms and physical therapy procedures. The Medical Assistant is also given instruction in some of the front office requirements, including 40 words of medical terminology a week.

The Paramedical Office Management Course is a six-month program, one month of which is spent "externing" or working in a physician's office and one month in a dental office. The program involves not only meeting the public; but running the business end of things for the doctor, medical and dental terminology, typing, keeping books, filling out insurance forms and communicating well with people all enter into this course.

The externship portion or extension of the student's classroom activities involves no payment to the student during this period. This allows the student to gain confidence and develop poise without undue pressures.

Professional Careers Institute also maintains a free full-time placement service for its graduates for the medical profession throughout the state of Indiana, since students come from all around the state. Further information about the program is available upon request.

HAROLD N. WEISS
Director, Bryman Professional Careers Institute

To the Editor:
I have compiled a listing of drugs whose names look alike or sound alike. When a pharmacist takes a prescription over the telephone or attempts to decipher a physician's handwriting, a drug product not intended by the prescriber might be dispensed. Such an error might be the result of a sound-alike or look-alike drug.

I am enclosing a partial list of such drugs with striking similarities. Physicians are urged to exercise great care when writing or telephoning prescriptions.

Sincerely yours,
Benjamin Teplitsky, R.Ph.
1461 Shore Parkway
Brooklyn, N.Y. 11214

Look-Alike and Sound-Alike Drugs
by Therapeutic Category

Psychiatric Drugs

1. Atarax-Enarax
2. Aventyl-Bentyl
3. Doriden-Loridine
4. Doriden-Doxidan
5. Elavil-Aldoril
6. Ethinamate-Ethionamide
7. Ethinamate-Ethamide
8. Etrafon-Metreton
9. Haldol-Halodrin
10. Haldol-Haldrone
11. Marplan-Marplex
12. Mebaral-Medrol
13. Mebaral-Mellaril
14. Meprobamate-Mepergan
15. Meprobamate-Meperidine
16. Metrazol-Mintezol
17. Nembutal-Myambutol
18. Noludar-Nilevar
19. Paral-Parasal
20. Placidyl-Plaquenil
21. Ritalin-Rifadin
22. Ritalin-Ismelin
23. Sparine-Spartase
24. Tacaryl-Sucaryl
25. Taractan-Tinactin
26. Taractan-Periactin
27. Taractan-Triactin
28. Tofranil-Terfonyl

Urological Drugs

1. Aldactone-Aldactazide
2. Azotrex-Afrodex
3. Cytal-Cytran
4. Cytal-Cynal
5. Cytal-Cytron
6. Diuril-Darcil
7. Diuril-Doriden
8. Diutensen-Salutensin
9. Dolonil-Dilone
10. Dyazide-Thiacide
11. Dyrenium-Pyridium
12. Enduron-Eutron
13. Enduron-Imuran
14. Gantanol-Gentasol
15. Gantrisin-Gantanol
16. Lasix-Laxsil
17. NegGram-Negatan
18. Pyridium-Karidium
19. Regroton-Hygroton
20. Saluron-Salrin
21. Serenium-Dyrenium
22. Tace-Tral
23. Urised-Urestrin
24. Urised-Uracel
25. Urispas-Urised
26. Uritone-Urithol
27. Uritone-Uritral
28. Urobiotic-Orabiotic

Ear Preparations

1. Auralgan-Aurasan
2. Auralgan-Otalgine
3. Otobione-Otodyne
4. Otobiotic-Urobiotic
5. Otobiotic-Otobione
6. Otomide-Otodyne
7. Vosol-Vasal
8. Vosol-Vontrol

Nose Preparations

1. Epinephrine-Ephedrine
2. Metreton-Metopon
3. Metreton-Metrelen
4. Nasocon-Vasocon
5. NTZ-N.S.T.
6. Vasocort-Vasocon
7. Vasocort-Pyracort
8. Wyamine-Wydase

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Illustrations are desirable. Selection of illustrations submitted at discretion of editor and editorial board members.

Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible.

Articles are accepted for publication with the understanding that they are submitted for exclusive publication.

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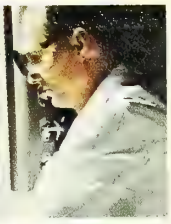
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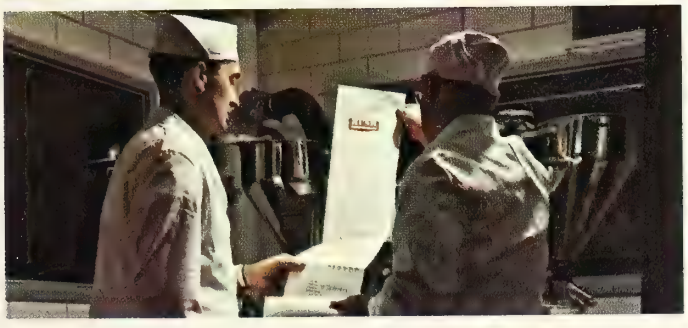












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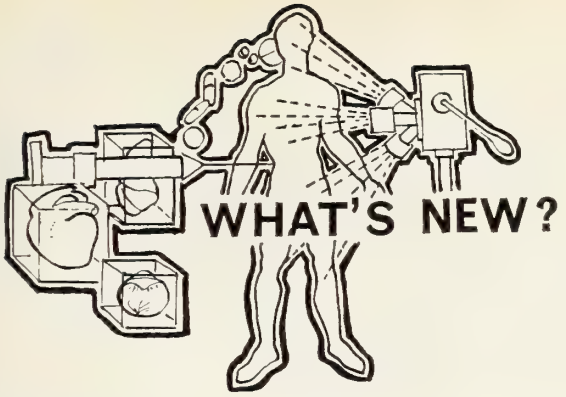
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12.	Franklin A. Bryan, Fort Wayne	Karl R. Schlademan, Fort Wayne	
13.	Jack Hannah, Elkhart	David L. Spalding, Mishawaka	Sept. 11, 1974, Elkhart



Smith Kline and French announce the marketing of "Ancef" (brand of sterile cefazolin sodium), a major new injectable cephalosporin antibiotic. Ancef, the product of Japanese research, shares with other cephalosporins the possible cross-allergenicity of the penicillins. It can be given intramuscularly as well as intravenously.

* * *

Posey has a new "Prep Razor." It is equipped with a guard which allows its safe nontraumatic use in folds, creases and contours which are difficult to shave with the standard razor. It is either disposable or reusable with Posey replacement blades. It may be gas or liquid sterilized.

* * *

Medical Identification Systems has a new wallet card, called the MD Card, which displays a complete medical history on microfilm. In addition, allergies, special conditions and diseases possibly causing unconsciousness are listed in conventional type. The card also lists the various types of equipment which may be used to read the microfilm and gives a national phone number to call for a verbal report in case the reading equipment is not available.

* * *

Squibb is introducing its full line of U-100 Insulin. It will be supplied in all seven forms: Regular, Globin Zinc, Protamine Zinc, NPH, Lente, Semilente, and Ultralente. Squibb is the only manufacturer of U-100 Globin Zinc Insulin in the United States.

* * *

Ames is introducing an Automated Slide Stainer, HISTO-TEK. The device processes the slide with hematoxylin-eosin stain, coats the slide with protective resin, warm-air dries it ready for coverslipping by the technician, all automatically.

* * *

The Dow Chemical Company announces DOWMYCIN™ E. Erythromycin stearate tablets, 250 mg, available in bottles of 100.

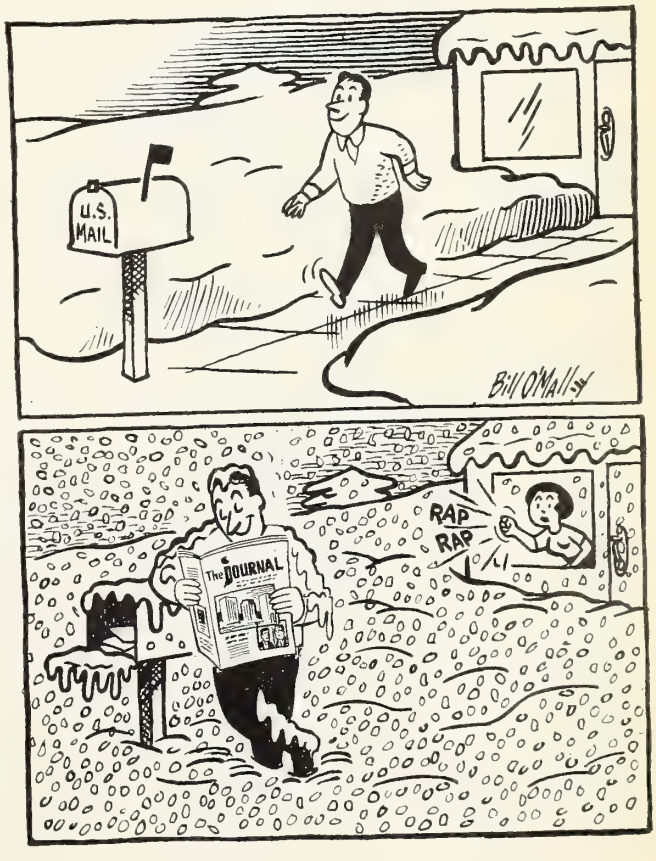
* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments and surgical appliances—and book publishers. Each item is published as news and does not necessarily constitute an endorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

HELP FOR THE CONGENITALLY HANDICAPPED CHILD It wasn't so long ago that congenitally handicapped children were allowed to reach school age or even later before being fitted with a prosthesis. In recent years, experience has shown that fitting at an earlier age produces more effective results—both mentally as well as physically. HANGER provides individually designed prostheses to give aid to the congenitally handicapped child. Children with "HANGER PROSTHESES" can live normal lives. Using their HANGER appliances they exercise freely, ride bicycles, roller skate, play basketball, tennis, and engage in most of the activities like other growing children. These activities enable the child to become self-reliant. Each HANGER prosthesis follows much the same design as those for the adult, but utilizes specially developed components of appropriate size, thus providing a smoother transition as the child grows into adulthood. HANGER also provides devices and techniques for the initial fitting of infants and problem cases. Training of children in the use of their prosthesis is highly desirable, even though children present some problems not seen in adults. Since the attention span of young children is short, extreme patience is required. Some handicaps make an ideal gait-pattern difficult if not virtually impossible to achieve. It should be noted that complete cooperation of the parent is necessary regardless of the experience and ability of the therapist. (Often the parents pass on a sense of guilt that is completely unfounded as there are no known preventive methods to combat the problem of a congenital handicap.)

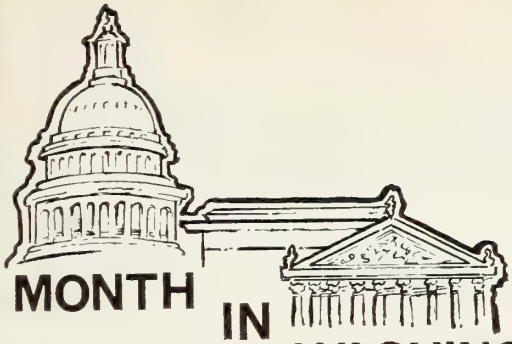
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MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to The Journal on the first of each month preceding month of issue.

LITTLE noticed amid congressional confusion in attempting to deal with the energy crisis was the passage of a major health bill shortly before adjournment. The bill provides $375 million over five years to support the development of Health Maintenance Organizations (HMOs) across the country.

If signed into law by the President, the HMO legislation will go far in determining both consumer and provider acceptance of prepaid group health care. Despite a substantial flow of federal dollars into the experimental program, HMOs are not expected to encounter easy sailing. Ardent supporters of the program admit the trial period will be a rough one and caution against over-optimism.

The speculation is that the President will sign the bill inasmuch as the money provided is not far over what the Administration originally requested, though the bill is much broader in scope than the President wished.

Two key provisions of the $805 million bill first approved by the Senate earlier this year were deleted or watered-down in conference enough to make the measure more palatable to the Administration. One would have authorized federal subsidization of HMO premium costs for people who couldn't afford all or part of the cost. The other controversial Senate section would have created an independent Commission on Quality Health Care Assurance to supervise the HMO program. The compromise bill vests this responsibility with the Assistant Secretary of HEW for Health.

To qualify for federal aid, HMOs must meet a long list of federal standards of minimum benefits, stay open 24 hours a day, provide open enrollment, and conform to numerous other requirements. Inducements are provided to attract people from poor and rural areas.

The Senate provision authorizing grants to assist HMOs in meeting operating deficits during the initial three years of operation was knocked out of the final bill, but a loan fund was retained to aid HMOs in meeting "a portion of initial operating costs in excess of gross revenues."

Co-payments were barred under the Senate bill. However the conference agreed to allow HMOs to charge nominal co-payments, but not to the extent they could be considered a barrier to seeking treatment. The conference committee said the co-payments are aimed at enabling an HMO "to market its benefit package at a competitive price."

The final bill requires larger employers to offer workers an HMO option when existing contracts for health insurance expire, provided that a qualified HMO is operating in the area.

The bill does not provide a specific number of HMOs, but the bill's legislative history indicates the Congress had in mind around 100 programs.

Rarick Urges House to Repeal PSRO Law

Rep. John Rarick (D.,La.), principal congressional sponsor of legislation to repeal the Professional Standards Review Organization (PSRO) program, has dispatched a letter to all members of the House urging their support.

In his letter, Rarick said PSRO "is the hottest controversy facing medical doctors and their patients. The American Medical Association's prestigious House of Delegates yesterday voted to seek congressional repeal of this controversial peer-review law that goes into effect on 1 January 1974."

Rarick quoted AMA President-elect Malcolm C. Todd, M.D., as calling PSRO ". . . the greatest threat to the private practice of medicine of any piece of legislation ever passed by congress."

The PSRO section of Medicare was added by the Senate and was never adequately debated, the lawmaker said. "The House did not even hold public hearings on this issue."

Rarick cited the *Wall Street Journal*'s statement on PSRO that points out that "the controversial legislation

Continued

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is laced with pointed references to 'new obligations imposed on' medical practitioners. It requires physicians to open their private files and hospital records to outside inspectors. Strong financial sanctions are provided for physicians who fail to comply."

Rarick wrote that he is concerned over the effect of the legislation on private medical practice in this country. "I am convinced that the medical profession has done an outstanding job of policing its own profession and establishing a high code of ethics. It simply does not make sense to bog down the medical profession with further government intervention that threatens the relationship between doctor and patient."

National Health Insurance to Be on "Front Burner" in 1974

The first round of congressional hearings on National Health Insurance (NHI) concluded following a week of testimony from experts in the health-economic field who laid a general philosophical foundation for full-scale legislative sessions early in the new year.

The hearings by the House Health Subcommittee were the opening gun in what promises to be a busy 1974 in congress on the issue of an NHI bill.

The Subcommittee, headed by Rep. Paul Rogers (D.,Fla.), has charted six weeks of further testimony in January and February that will consider specific legislative proposals. The House Ways and Means Committee also is slated to explore NHI sometime next year. Senate sessions are expected to open during the winter or spring by both Senate Finance and Senate Labor and Public Welfare Committees.

The next major development in the field will be the formal disclosure of the details of the Administration's new plan, expected to be unveiled in President Nixon's January State of the Union speech to congress and probably in a special message to congress on health.

The new Administration plan will be more liberal than the previous one, but it will continue to be based on the principle of requiring employers to furnish comprehensive health insurance to their workers. The major changes are a broad catastrophic provision tied to income and federal subsidization of premiums for all poor people. Medicare and Medicaid, apparently, would lose their separate identities and become part of the new program under the jurisdiction of the Public Health Service.

According to Budget Director Roy Ash, NHI should be kept to a size that will avoid creating more demands for health services than can be met with existing resources. Otherwise, he said in an interview with the *New York Times*, there is a danger that the sole accomplishment would be an increase in the prices of health services.

Many of the witnesses before Roger's Subcommittee predicted that a financing mechanism for NHI without other provisions would add to inflation of health care costs without much impact, if any, on the health of Americans. Other experts questioned whether any type of NHI would improve health, contending that environment, life styles, poverty, etc., are to blame for poor health conditions.

The closest approach to a consensus was that too much hope should not be placed in a NHI program to solve the health care problems of the nation.

One of the final witnesses, Robert J. Myers, former Chief Actuary of the Social Security Administration, denied there has been any crisis in health care costs, asserting that health has simply been caught up in the "general price and wage inflation resulting from the Viet Nam war, plus the more rapid wage increases of hospital personnel . . . plus the historical trend of medical care costs rising more rapidly than the general price level. . . ."

Myers said there is "far too much" first dollar coverage in private health insurance and not enough catastrophic coverage. Catastrophic, he said, "is sorely needed by most Americans" and should vary with income and assets.

"I am convinced that cost-sharing provisions, properly designed, can have a beneficial effect in preventing overutilization without being an unjust economic barrier that will result in preventing the insured from receiving necessary medical care. . . ."

Under a sweeping NHI such as proposed by Sen. Edward Kennedy (D., Mass.), and labor "the providers of services might rebel if the financial screws on them are tightened too rapidly or too much, or the beneficiaries might rebel if they are regimented or controlled too much as to their desires for medical services," Myers told the subcommittee.

Herbert Denenberg, Pennsylvania Commissioner of Insurance, asked for strict cost and quality controls in any NHI program. "Pumping more dollars into a health care system with serious structural shortcomings will aggravate present problems."

Earl Brian, M.D., California Secretary of Health, stressed that the cooperation of organized medicine and other health providers is necessary for a NHI program to work. Otherwise, the nation's health care system will deteriorate, he said. As many responsibilities as

Continued

possible should be left to the providers, according to Dr. Brian. He cited the cooperation of organized health groups in California despite state controls that have "alienated the health care community." The demand for medical care will always exceed the dollars available, he said, so any program must contain restrictions which relate it to the free market system. The present concern over Professional Standards Review Organizations is only a harbinger of what would happen if a bureaucratic NHI were enacted and demonstrates the "imprudence of permanent government controls," he asserted.

Senator Kennedy's Drug Industry Hearings "Explosive"

Sen. Edward Kennedy's Health Subcommittee hearings on the drug industry lived up to their explosive expectations with HEW Secretary Casper Weinberger throwing the first bomb by announcing that the Administration would propose a cost-saving drug plan for Medicare and Medicaid patients under which reimbursement would be limited to "the lowest cost at which the drug is generally available."

Estimating the savings at from $25 to $60 millions a year, the HEW proposal was a blow to the pharmaceutical industry which viewed it as a step toward generic prescribing and a setback to the brand name concept. Congress would have to approve the proposal, however.

Under questioning from subcommittee members, Weinberger was vague about how the program would work, but emphasized that physicians would remain free to prescribe as they choose. Sen. Kennedy praised the proposal. Sen. Gaylord Nelson (D., Wis.) said the HEW recommendation "must be only the first step in a massive intrusion by the federal government into the prescribing habits of physicians."

The first day's session featured charges that drug companies are monopolistic, keep prices jacked high, and spend huge amounts on advertising. Physicians were described as inept and too generous prescribers of drugs influenced inordinately by advertising and drug detail men. It was implied that 100 deaths a day due to adverse drug reactions were the fault of the drug industry and the prescribing physicians.

Sen. Gaylord Nelson (D., Wis.), a subcommittee member, urged that prescription drug advertising be banned and trade names eliminated. Consumer advocate Ralph Nader agreed and recommended patent restriction.

In an opening statement, Kennedy said the hearings are designed to "search for legislative solutions to the problems surrounding the way drugs are developed, marketed and used in this country." He said "Too many physicians are prescribing too many drugs on the basis of too little information . . . such irrational prescribing is a product of physician ignorance, not malice. . . ."

Kennedy's subcommittee had never before asserted broad jurisdiction in the drug field. The hearings were viewed as a stake-out to this aspect of health and government, and also as a bow to Nelson who has been investigating the drug industry for years and is its strongest critic on Capitol Hill. Nelson is a new member of the Kennedy subcommittee. His previous forum was a Senate small business subcommittee.

James H. Sammons, M.D., Chairman of the Board of the American Medical Association, told the subcommittee that in the heat of controversy it should be emphasized that "Today there are a large number of drug preparations available through a complex delivery system replete with checks and balances provided by industry, the Food and Drug Administration, physicians, pharmacists, and in some instances allied health personnel."

Dr. Sammons continued, "It is not surprising that this complex and important system carries with it complex problems that different groups within the system perceive differently . . . simple solutions for the management of our problems are not realistic."

The AMA official said the reduction in funding for research investigators could have an adverse effect on development of improved drugs. The complexity of FDA procedures "is becoming self-defeating and some new approaches are required if we are to be able to provide new and useful therapeutic agents to alleviate existing maladies."

Whatever is done, Dr. Sammons said, "the physician must be able to prescribe the drug in dosage and strength deemed appropriate for his patient. . . ."

"Where appropriate, we believe the physician should prescribe the least expensive product," Dr. Sammons testified. "But the generic name on the bottle is not a guarantee of equivalence, nor for that matter does a generic prescription even guarantee to the patient that he will receive the least expensive product."

C. Joseph Stetler, president of the Pharmaceutical Manufacturers Association, testified that, "What the secretary is proposing represents an extraordinarily radical approach to health care, one which may give the appearance of providing first class medical care at less cost, but which will either require Medicare and Medicaid beneficiaries to accept inferior products or force them to pay the cost of first class medicines from their own household budgets."

Stetler said the proposal might have some merit if therapeutic equivalence of drugs could be assured, "but the published evidence is almost entirely on the other side. Reports of the clinical inequivalence of drugs sold under the same generic name are increasing as are quality control failures."

On another tact, Stetler said new drug discoveries have been a major contributor to improving health care, and that drug prices have held stable in a period of soaring inflation.

But, he warned, America is falling behind foreign competitors in the rate of pharmaceutical innovation, adding that the industry's pattern of discovery of new drugs and the stable prices of medicines are threatened by proposals to reduce incentives for drug producers to continue their massive research programs.

"Price setting, dilution of patent rights, or a government takeover of research and development or promotional activities," suggested by some, would be self-defeating and lead to higher prices and lower productivity, Stetler said.

Although the industry's dollar investment in research is continuing to climb, Stetler testified that fewer American pharmaceutical firms are sponsoring such activities, due, in part, to the tangle of government delays and regulations.

In his slashing testimony, Sen. Nelson said the AMA "has cooperated in creating confusion" and has been "disastrous in this field because the custodians of health care in this country are the guide to us on what good medical practice is." The AMA "has done more damage to the good practice of drug prescribing than if it did not exist at all," Nelson said. The AMA's drug manual was "degraded" due to pressure from drug companies—"For money! It is as simple as that," he asserted.

Nader accused the industry of "price gouging and causing serious harm to tens of thousands of people that is unparallelled in history."

The hearings will resume later this winter and continue through to summer.

Health Leaders Warn Congress that Clear Fuel Priorities are Needed

The Administration has moved to set clear fuel priorities in the health field as Congress was warned by health leaders that emergency care, drugs and devices and hospital care could be severely affected unless sufficient fuel is made available this winter.

Immediately following a hastily scheduled one-day hearing before the Senate Health Subcommittee, William E. Simon, head of the Federal Energy Office, said the pharmaceutical industry will get all the fuel it needs for production and research in order to maintain adequate supplies of essential drugs and medical supplies.

A spokesman for the American Medical Association testified there is a critical need to make special provisions for an adequate supply of motor fuel to meet the needs of medicine. J. Cuthbert Owens, M.D., a member of the AMA's Commission on Emergency Medical Services, said, "Physicians, nurses, life support personnel, rescue workers, and ambulances and other emergency motor vehicles must have a sufficient and continuous supply of gasoline to insure the provision of prompt care for the ill and injured. In addition, adequate fuel must be available to health care institutions, as well as to suppliers of necessary medical equipment and supplies."

Leo J. Gehrig, M.D., vice president of the American Hospital Association, said there is no federal natural gas allocation program for health care institutions.

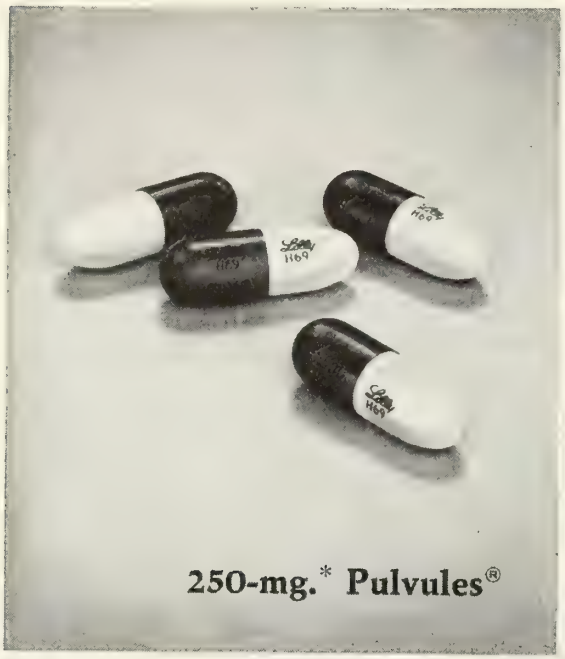
"This substantial area of potential energy shortages significantly magnifies the effect of shortages of other fossil fuels on hospitals," Dr. Gehrig told the subcommittee. The proposed regulations published on December 13, 1973, providing for mandatory allocation of middle distillates, allow hospitals only 100% of their 1972 base period volume, he pointed out. "With increasing natural gas interruptions there is need for hospitals to receive 100% of current fuel requirements, Dr. Gehrig said.

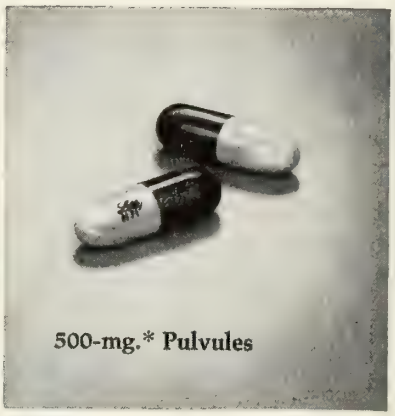
"The hospitals of this country must be provided the priority and supply of energy sources to permit them to deliver vital services to patients," Gehrig said. ◄

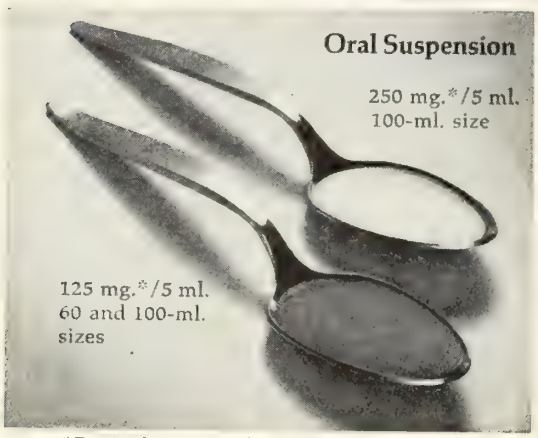
Scientists now have an explanation for how kissing got started. Simply a craving for salt, they say. A cave man discovered he cooled off in the hot summer by licking his neighbor's cheek. Then he discovered it was more fun if his neighbor were female. Then he forgot all about the salt.

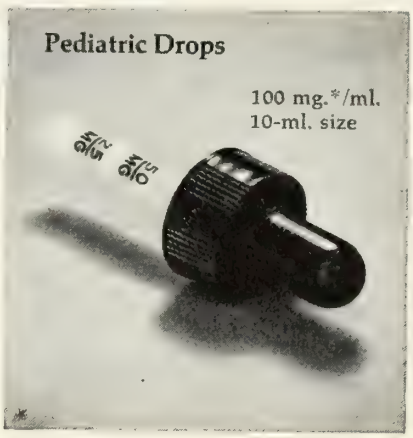
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Mortality Study of 157 Nonsurgical Cases of Cinearteriographically Demonstrated Coronary Artery Disease



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WHEN very little is available therapeutically to ameliorate or reverse the morbidity and mortality of a disease process, there is little impetus to gather data concerning the natural history of the condition. It is usually in retrospect that the need for such data becomes apparent. Most clinical studies dealing with myocardial infarction, the medical therapy of chronic coronary artery disease and the potential of surgical revascularization suffer from insufficient characterization of the study population with respect to critical variables as well as gross mortality figures in a control group.

Because of the many variables in this multifaceted disease, lumped under the general heading of coronary artery disease, large numbers of patient follow-ups will be required before definitive categorization of the disease can be accomplished. For example, there may be considerable variation in natural history and life expectancy between patients with anatomic coronary artery disease as detected by cineangiography and those with coronary heart disease, i.e., coronary artery disease which has manifested itself symptomatically as angina or objectively as myocardial infarction or arrhythmias, or the patient with crescendo angina may be in a considerably different risk classification than the patient with stable pattern angina, and so forth.

The purposes of this paper are to: 1) report gross cumulative mortality figures for 157 patients with cineangiographically proven coronary artery disease, and 2) relate mortality rate with severity of disease grossly by number of vessels involved. In addition, our data will be compared with those reported from other institutions to determine if a pattern is emerging whereby, on the basis of severity of anatomic disease, mortality rate predictability can be accomplished with reasonable confidence.

Material and Methods

All patients with demonstrated significant (greater than 50% occlusion in at least one major vessel)

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anatomic coronary artery disease by coronary cineangiography performed in one laboratory over a four-year period at the Indiana University Medical Center were included in the analysis except those who had some type of coronary vascular surgical procedure performed during the period of observation. The patients' personal physicians were contacted to determine if the patients were alive or deceased. If the cause of death were known, this information was recorded; however, all deaths were presumed to be related to the demonstrated coronary artery disease. If the personal physician had lost the patient to follow-up, letters were sent to the patient at the last known address. If no response from the letter was received, a follow-up phone call was attempted. If no information was obtained by this route, the patient was categorized as lost to follow-up.

Results

Of the 157 patients, 12 patients or 7.6% were lost to follow-up. The overall unadjusted cumulative mortality rate was 22.8% for a four-year period, or 5.7% per year. This figure includes all patients lost to follow-up and presumed deceased. If the cumulative mortality is calculated for only those known definitely to be deceased, the figure is 15.3% or 3.8% per year.

Of the 24 patients known to be deceased, 14 had significant triple vessel disease by coronary cineangiography, 7 had at least two major vessels involved and 3 had only one vessel significantly involved. Patients with two and three vessel disease, then, accounted for 86% of the overall mortality. In the patients with one-vessel involvement, the vessel was invariably the left anterior descending. There were no patients with isolated right or circumflex lesions who were deceased.

Mortality rate was then calculated on the basis of number of vessels involved. The four-year cumulative mortality rate for patients with single-vessel disease is 1.4% per year, two-vessel disease 6.3% per year and three-vessel disease 4.6% per year. The significance of the difference between single-vessel disease and two- and three-vessel disease is $p<0.005$. The significance of the difference between the two- and three-vessel disease patients is borderline at the 1% level. When the data are calculated to include patients lost to follow-up, the mortality percent per year is 3.4, 8.9, and 6.2 for one-, two- and three-vessel disease respectively. The data are compiled in Table I.

Discussion

Most of the previous studies relating either angina pectoris, myocardial infarction or coronary artery disease, as demonstrated by coronary cineangiography, to mortality have been either for absolute five-year periods or projected for five years by the life table technique. Our data represent a four-year follow-up at this time. There is no good evidence to suggest, however, that a changing mortality pattern in the fifth year would significantly affect the comparisons. There is evidence to suggest, however, that there is an increased mortality during the first year following diagnosis of coronary artery disease for unknown reasons.[1,2] This levels off so that the subsequent years are relatively comparable.

The overall mortality per year which we have presented is in accord, within one or two percent, with previous data for patients with cineangiographically documented coronary artery disease. Friesinger, Page and Ross[1] reported a five-year 73% survival rate, or a 5.4% mortality rate per year in 103 patients studied by coronary cineangiography. Bruschke, Proudfit and Sones[3] had a 64.4% survival rate for five years. Averaging their figures gives an annual mortality rate of 6.9%.

In patients whose coronary artery disease was not documented by coronary arteriography, 5-year survival rates have clustered around 65-70% for a mortality rate of five to six percent per year.[4,5,6] This includes patients of all categories, including those with previous myocardial infarction as well as those with angina pectoris but without previous infarction. These are data suggesting that the prognosis for survival is better if an infarction has not occurred.[4] There are also data to substantiate the opposite conclusion.[7]

Of perhaps more importance for therapeutic decision-making concerning individual patients is the

Table I

Cumulative Mortality Rate (Percent) for 157 Patients With Cineangiographically Demonstrated Coronary Artery Disease

	Total	Dead	Percent for total 4 year period	Mortality Percent Per Year
1-Vessel	52	3 (4)*	5.6 (13.5)**	1.4 (3.4)**
2-Vessel	28	7 (3)	25.0 (35.7)	6.3 (8.9)
3-Vessel	77	14 (5)	18.2 (24.6)	4.6 (6.2)
All Patients	157	24 (12)	15.3 (22.8)	3.8 (5.7)

* The numbers in parentheses represent those patients lost to follow-up.
** Includes lost to follow-up and presumed, for purposes of the study, deceased.

mortality according to extent of disease. The one-year mortality rate for patients with single vessel disease of 1.4% is less than that of a previous study where the mortality rate was 2.9% per year.[3] Our mortality rates of 6.3% per year for two-vessel disease and 4.6% for three-vessel disease are also lower than that in the same study. Comparison with the data of Friesinger, Page and Ross[1] is not absolute as their method of scoring the severity of anatomic disease varied from ours. However, they reported a very low annual mortality rate (1 patient of 32) for single vessel disease. Their overall mortality rate of 5.4% per year is compatible with ours if the mortality rates of our patients with two- and three-vessel disease are combined.

Despite all of the difficulties in obtaining samples of patients representative of the total coronary artery disease spectrum, the reported data base for mortality in patients with cineangiographically documented coronary artery disease is now approximately 850 patients. It is becoming clear that: a) single vessel disease has a better prognosis than two- and three-vessel disease (range of mortality, 1 to 3% per year versus 5 to 10% for two- and three-vessel disease), b) the overall mortality for all patients is around 5% per year (range: 4 to 8% from both clinical and cinearteriographic studies), and c) complicating factors such as poor ventricular contractility, etc., may increase mortality probability (range, 6 to 12% per year). It is also becoming clear that further subsets of patients need to be established. Mortality has been evaluated according to age, hemodynamic, angiographic, electrocardiographic criteria, etc., and has been shown to vary with each criterion.[8,9,10,11,12]

More data are needed so that therapeutic decisions may be based on a large past experience. The probability of getting the needed data is decreasing, however, for many more patients are being treated by surgical intervention. The criteria for surgical selection varies so widely that removing a significant number of patients from each group makes it impossible to study the natural history of any particular group. For example, our fifth year of data could not be included in this study because a significant number of three-vessel disease patients received surgical therapy. It is possible that only the good risk patients remained unoperated so that an annual mortality figure would be falsely low. On the other hand, if the unoperated group contained many patients with depressed ventricular function, multiple previous myocardial infarctions, etc., the mortality rate could be falsely high. We hope that cooperative studies can be conducted in order that proper therapeutic decisions for individual patients can be made based on objective data.

Acknowledgment

The authors wish to express their appreciation to the physicians, particularly in the state of Indiana, who provided the information upon which this study was based. Every physician contacted was most cooperative and expressed interest in the results of the study.

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Idiopathic dilation of the pulmonary artery with pulmonic insufficiency was found in an elderly man previously thought to have aortic insufficiency of unknown etiology and dilated pulmonary arteries secondary to chronic obstructive pulmonary disease. Because of the relatively benign natural course of idiopathic dilatation of the pulmonary artery as contrasted to cardiovascular problems with similar physical findings, confirmation of the correct diagnosis is important. The innocuous nature of this congenital lesion is confirmed by the long survival of this patient who has no symptoms.



Idiopathic Dilatation of the Pulmonary Artery

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PASQUALE D. GENOVESE, M.D.
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THE unusual congenital anomaly of idiopathic dilation of the pulmonary artery is relatively benign and usually is diagnosed at an early age due to abnormal physical and radiographic findings. The following report concerns the findings of idiopathic dilatation of the pulmonary artery in a 78-year-old man with this condition. The differential diagnosis includes lesions with a relatively poor prognosis which may require possible surgical therapy.

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Case Report

A 78-year-old Caucasian man was admitted to the Indianapolis Veterans Administration Hospital in May 1971, for elective repair of a recurrent inguinal hernia. He complained of lower urinary tract obstructive symptoms and evaluation revealed adenocarcinoma of the prostate. Prior to a proposed transurethral resection of the prostate, he was seen in consultation by the Cardiology Service because of the presence of a heart murmur and an abnormal electrocardiogram. The laboratory data was unremarkable with the exception of the chest roentgenogram and electrocardiogram.

The patient related no cardiovascular symptoms other than mild dyspnea on exertion. Relevant past history revealed that a heart murmur had been noted in 1949 when he was hospitalized for elective surgery. Since 1961, his electrocardiogram had shown a complete right bundle branch block and left axis deviation (Fig. 1). In addition, spontaneous junctional rhythm had also been recorded. At various times, an atrial gallop sound had been described as well as a diastolic blowing murmur along the left sternal border which was thought to represent aortic insufficiency of unknown etiology. Serial chest roentgenograms had been stable and revealed a normal cardiac size but prominent pulmonary arteries (Fig. 2).

The physical examination revealed an elderly male in no distress with a regular pulse rate of 75, a blood pressure of 150/80 mm Hg and no abnormal jugular venous distention. His precordium was quiet with a normal point of maximal cardiac impulse and a normal first heart sound. The second heart sound was widely split and an ejection click was heard along the left

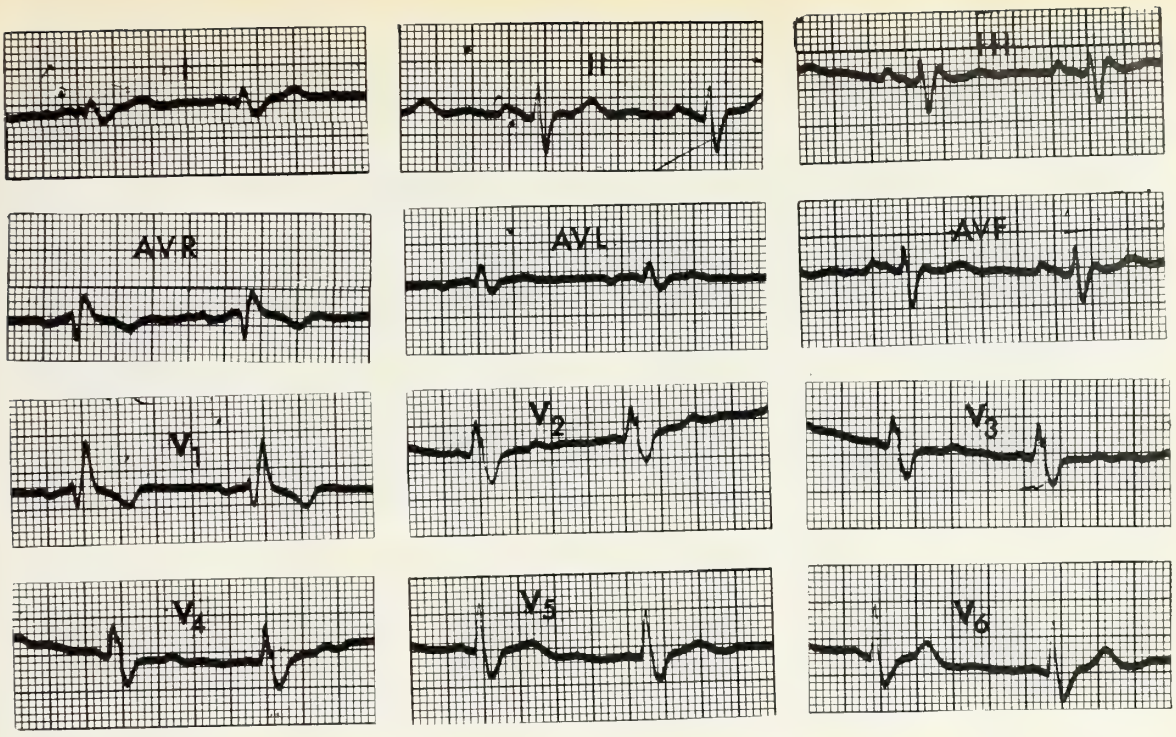


Figure 1

STANDARD electrocardiogram revealing complete right bundle branch block with left axis deviation.

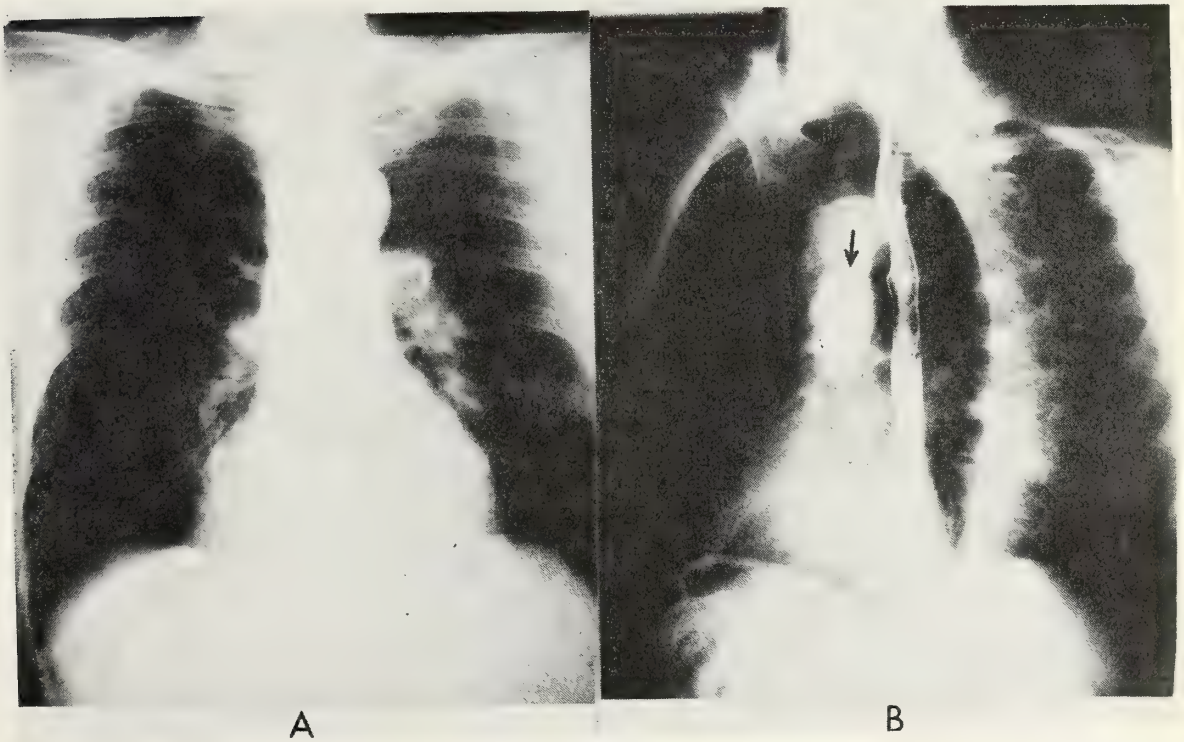


Figure 2

A, Postero-anterior roentgenogram of the chest revealing asymmetric enlargement of the pulmonary arteries, B, Left anterior oblique roentgenogram of the chest showing the end-on view of the left pulmonary artery superimposed on the aorta (arrow).

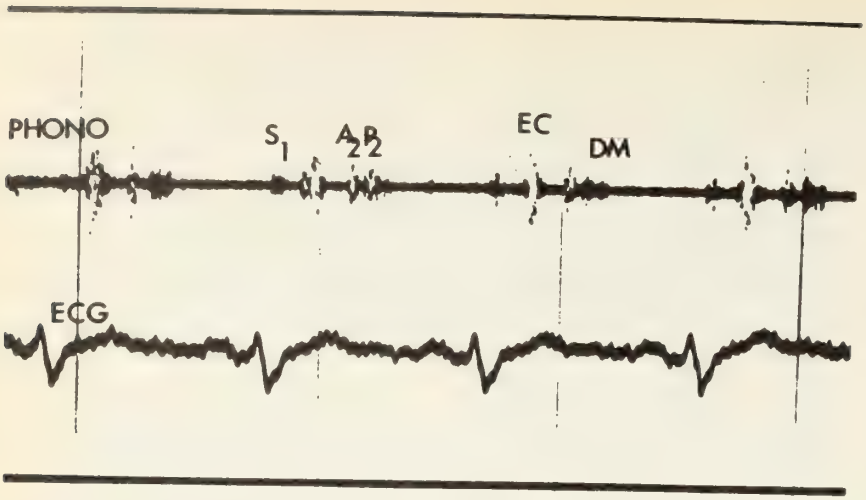


Figure 3

PHONOCARDIOGRAM taken at the left sternal border at 100 cycles per second showing a loud ealy systolic ejection click (E.C.) and a prominently split second sound (A_2P_2) followed by a short diastolic murmur (DM).

Table I

HEMODYNAMIC DATA

Location	Pressures (mm Hg)	
Right atrium	(7)	
A	16	
V	9	
Right ventricle	28/3	
Pulmonary artery	29/5	(13)
Brachial artery	147/62	(90)
Cardiac index ($L/min/M^2$)	2.80	
Pulse rate (beats/min)	54	

Figures in parentheses indicate mean pressure.

sternal border (Fig. 3). In addition, there was a grade 3/6 low pitched diastolic decrescendo murmur along the left sternal border. The remainder of the physical examination was unremarkable.

Cardiac catheterization with cineangiography (Table 1, Fig. 4, Fig. 5) at the time of placement of a temporary transvenous demand cardiac pacemaker preparatory to surgery revealed a wide pulse pressure in the pulmonary artery and pulmonic insufficiency. A competent aortic valve was confirmed by aortic supravalvular injection and the study was normal otherwise.

Discussion

Following the original description by Wessler and Jaches[1] in 1923, the literature has contained numerous reports of idiopathic dilation of the pulmonary artery. Conflicting opinions are offered concerning several aspects of this uncommon congenital anomaly including the etiology, the basic criteria for diagnosis and some of the physical findings. Dotter and Steinberg[2] state that the term "idiopathic" is a misnomer and suggest that the entity be called "Congenital Pulmonary Artery Aneurysm."

The diagnosis of idiopathic dilatation of the pulmonary artery, of course, depends on the basic finding of unexplained pulmonary artery dilatation. The normal range of dimensions of the pulmonary artery and its branches combined with the technical difficulty of making reliable measurements of them from routine chest roentgenograms may make the diagnosis difficult to ascer-



Figure 4

AORTIC supravalvular injection showing good opacification of the aortic sinuses and a competent aortic valve.



Figure 5
SUPRAVALVULAR pulmonary artery injection. The two frames shown illustrate early visualization of the cusps with minimal regurgitation of dye (left) followed by a significant opacification from the regurgitant stream in the right ventricle (right).

tain. With respect to the latter, Van Buchem et al.[3] have concluded that "no parallelism exists between the prominence of the pulmonary artery in the AP photograph and the diameter determined by angiocardiographic methods." However, they state that with good technique in the right anterior oblique position, the pulmonary artery diameter can be most accurately measured and that the normal range is 22 to 33 mm.

The criteria for diagnosis varies from author to author. Perloff[4] describes idiopathic dilatation of the pulmonary artery as a dilatation of the pulmonary trunk and occasionally its main branches in the absence of known acquired causes. Greene et al.[5] in addition specifically excludes intracardiac or extracardiac shunts, chronic pulmonary or cardiac disease of a type leading to pulmonary artery enlargement and absence of evidence of syphilis or more than minimal atherosclerosis of the pulmonary artery. Deshmukh et al.[6] would also insist on normal pulmonary artery pressure before making the diagnosis of idiopathic dilatation of the pulmonary artery.

Perloff[4] notes that theories concerning etiology have centered around two main thoughts: (1) a developmental defect of the pulmonary artery elastic tissue or (2) an unequal division of the truncus arteriosus communis described by Gold[7] and elaborated upon by Goetz and associates.[8] The latter imply coexistent hypoplasia of the aorta—thus the term "grosse pulmonaire, petite aortae." Most authors favor the first explanation.

No specific symptoms have been attributed to idiopathic dilatation of the pulmonary artery although some patients reported have complained of mild exertional dyspnea, a symptom Van Buchem and associates[3] felt at times could be explained by pressure of a large pulmonary artery on the trachea or bronchi. Deshmukh et al.[6] state that symptoms may sometimes be secondary to iatrogenically induced anxiety.

The abnormalities on physical examination of patients with idiopathic dilatation of the pulmonary artery are limited to those related to the heart and great vessels. Some authors draw attention to a visible and palpable impulse often present in the second interspace to the left of the sternal border. This is accompanied by a loud pulmonic component of the second heart sound and is attributed to the dilated pulmonary artery. No abnormalities of the ventricular impulse are found. Although Perloff[4] states that thrills are not expected, other authors[5,6,8] have reported systolic thrills.

The systolic ejection click, said to be characteristic of IDPA and more common than a systolic murmur,[11] is heard best in the second left intercostal space, increases with expiration and decreases with expiration. The click has been found to be 0.07 to 0.10 seconds after the first heart sound[12] and is high pitched and sharp in quality.

The presence of a systolic murmur is inconstant.[3] It is typified[4] as short, midsystolic, maximal at the left second intercostal space and of varying intensity up to 3/6. The murmur is increased in amplitude by exercise or amyl nitrite and becomes louder with full expiration.

Utilizing intracardiac phonocardiography,[9] the similarity of the diastolic murmur associated with IDPA with that heard in postvalvulotomy pulmonic insufficiency has been demonstrated. This is opposed to the high pitched blowing Graham Steell murmur that begins with the pulmonic component of the second heart sound or that of aortic insufficiency. The murmur associated with idiopathic dilatation of the

pulmonary artery is low or medium pitched, rumbling, mid-diastolic, crescendo-descrescendo in configuration and may rarely have a presystolic component. The low pitch of the murmur probably is related to a relatively decreased velocity of the regurgitant jet secondary to lack of a large pressure gradient between the pulmonary artery and the right ventricle.

Descriptions of the second heart sound generally note a wide splitting with the delayed pulmonic component believed secondary to decreased elastic recoil in the pulmonary root.[4] Varying opinions[4,12] concerning fixed splitting of the second sound are described. Karnegis and Wang[12] stated that the dilated pulmonary artery tree acts as a large volume reservoir relative to the right ventricular stroke volume, this limiting gross pressure-volume changes in the pulmonary root.

Several authors[4,6,10] have noted the normality of peripheral pulmonary vasculature, absence of a 'hilar dance,' relative inconspicuousness of the aorta as compared to the central pulmonary artery, and the frequent unequal dilatation of the main pulmonary artery branches (often greater on the left side).

In uncomplicated cases, the electrocardiogram is normal and at cardiac catheterization the pressures are essentially normal. Wood[11] noted that a 5-10 mm Hg gradient across the pulmonic valve may be found in conjunction with a normal right ventricular pressure. An outflow tract gradient has been variously explained as secondary to trigonoidation of the pulmonay artery associated with a Venturi effect brought about by the rapid ejection of blood into a vessel which can abruptly increase its luminal size.[6,11,14] Both pulmonary artery angiography and indicator dye injections (via a double lumen catheter with the distal opening in the pulmonary artery and the proximal in the right ventricle) have been used to demonstrate pulmonic insufficiency which has been found in a significant number of cases. In addition, the finding of a low pulmonary artery pulse pressure suggests pulmonic insufficiency. It has been noted[11] that if the pulmonic insufficiency is marked the associated right ventricular dilatation can lead to tricuspid insufficiency as well.

The elderly patient reported upon above remains asymptomatic as is the rule in idiopathic dilatation of the pulmonary artery. The initial diagnostic impression of aortic insufficiency of unknown etiology combined with pulmonary hypertension secondary to chronic lung disease was plausible. However, symptoms were minimal. The confirmation of the diagnosis requires cardiac catheterization with angiography; however, the risk of the procedure seems justified in view of the poorer prognosis related to the alternate diagnosis of aortic regurgitation with its implication.

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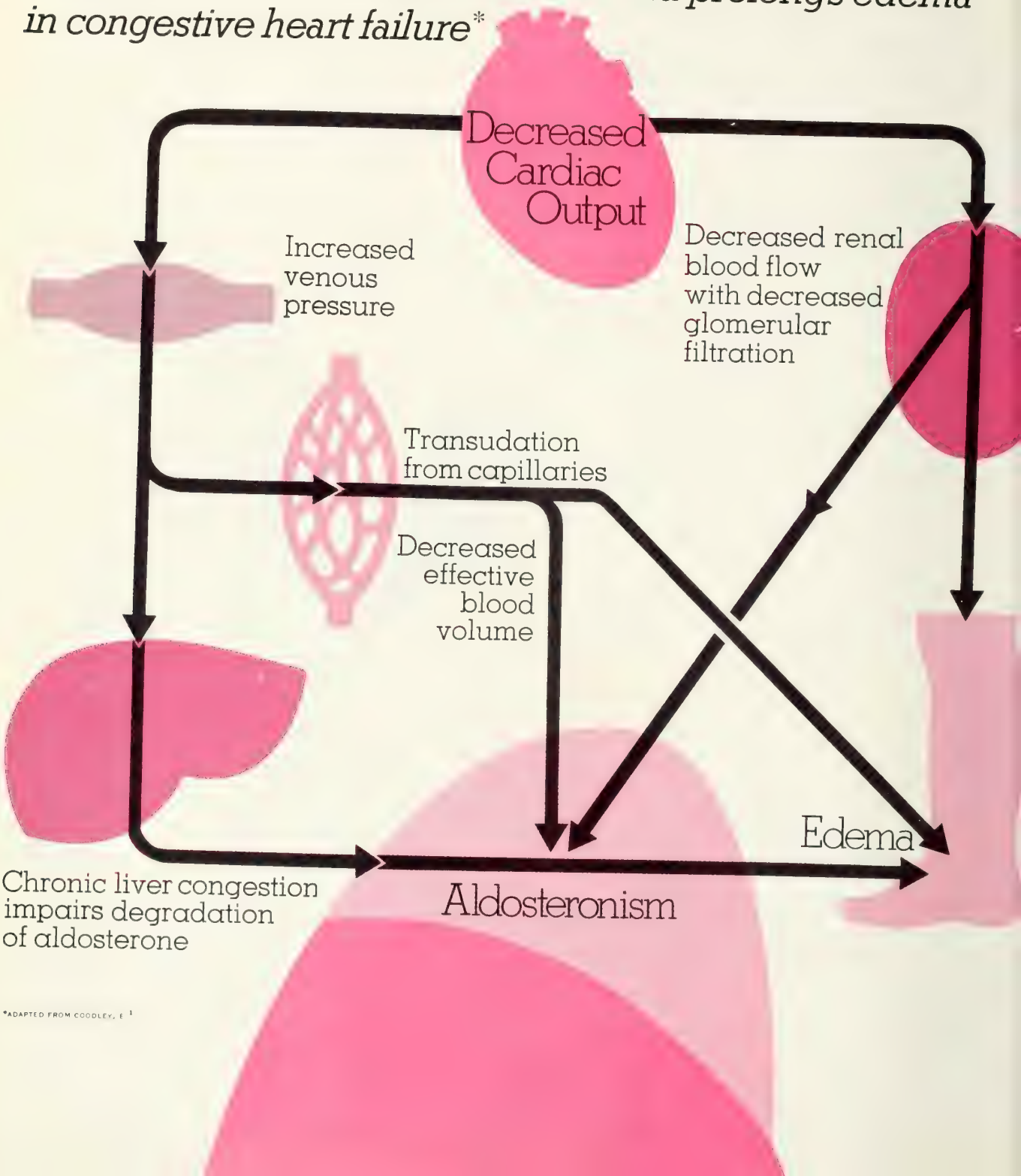
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Contraindications—Acute renal insufficiency, rapidly progressing impairment of renal function, anuria and hyperkalemia.

Warnings—Potassium supplementation may cause hyperkalemia and is not indicated unless a glucocorticoid is also given. Discontinue potassium supplementation if hyperkalemia develops. **Usage of any drug in women of childbearing age requires that the potential benefits of the drug be weighed against its possible hazards to the mother and fetus.**

Precautions—Patients should be checked carefully since electrolyte imbalance may occur. Although usually insignificant, hyperkalemia may be serious when renal impairment exists; deaths have occurred. Hyponatremia, manifested by dryness of the mouth, thirst, lethargy and drowsiness, together with a low serum sodium may be caused or aggravated, especially when Aldactone is combined with other diuretics. Elevation of BUN may occur, especially when pretreatment hyperazotemia exists. Mild acidosis may occur. Reduce the dosage of other antihypertensive drugs, particularly the ganglionic blocking agents, by at least 50 percent when adding Aldactone since it may potentiate their action.

Adverse Reactions—Drowsiness, lethargy, headache, diarrhea and other gastrointestinal symptoms, maculopapular or erythematous cutaneous eruptions, urticaria, mental confusion, drug fever, ataxia, gynecomastia, inability to achieve or maintain erection, mild androgenic effects, including hirsutism, irregular menses and deepening voice. Adverse reactions are infrequent and usually reversible.

Dosage and Administration—For **essential hypertension** in **adults** the daily dosage is 50 to 100 mg. in divided doses. Aldactone may be combined with a thiazide diuretic if necessary. Continue treatment for two weeks or longer since an adequate response may not occur sooner. Adjust subsequent dosage according to response of patient.

For edema, ascites or **effusions** in **adults** initial daily dosage is 100 mg. in divided doses. Continue medication for at least five days to determine diuretic response; add a thiazide or organic mercurial if adequate diuretic response has not occurred. Aldactone dosage should not be changed when other therapy is added. A daily dosage of Aldactone considerably greater than 75 mg. may be given if necessary.

A glucocorticoid, such as 15 to 20 mg. of prednisone daily, may be desirable for patients with extremely resistant edema which does not respond adequately to Aldactone and a conventional diuretic. Observe the usual precautions applicable to glucocorticoid therapy; supplemental potassium will usually be necessary. Such patients frequently have an associated hyponatremia—restriction of fluid intake to 1 liter per day or administration of mannitol or urea may be necessary (these measures are contraindicated in patients with uremia or severely impaired renal function). Mannitol is contraindicated in patients with congestive heart failure, and urea is contraindicated with a history or signs of hepatic coma unless the patient is receiving antibiotics orally to "sterilize" the gastrointestinal tract.

Glucocorticoids should probably be given first to patients with nephrosis since Aldactone, although useful for diuresis, will not directly affect the basic pathologic process.

For **children** the daily dosage should provide 1.5 mg. of Aldactone per pound of body weight.

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Precautions—Toxic amblyopia has been reported with long-term continuous use of ethchlorvynol. Permanent visual defects have been observed, although amblyopia has improved after discontinuation of the drug. Drug dosage should be limited for elderly and debilitated patients to the smallest effective amount. If pain is present, this drug should only be given if insomnia persists after pain is controlled with analgesics. Caution is advised in prescribing the drug for patients who are being treated with either MAO inhibitors or antidepressants. Transient delirium has been reported with the combination of Placidyl and amitryptyline. Drug dosage should be reduced if prescribed for patients receiving MAO inhibitors or antidepressants. Caution should be exercised in patients with impaired hepatic or renal function. Patients who respond unpredictably to barbiturates or alcohol, or who exhibit excitement and release of inhibition in association with such agents, may also react in this way to Placidyl. Rarely, patients may exhibit symptoms suggestive of an unusual susceptibility to the drug; such as prolonged hypnosis, profound muscular weakness, excitement, hysteria, or syncope without marked hypotension. Transient giddiness or ataxia may occur.

Adverse Reactions—Hypotension, nausea or vomiting, gastric upset, aftertaste, blurring of vision, dizziness, facial numbness, and allergic reaction typified by urticaria have been reported following Placidyl administration. Mild "hangover" and symptoms of mild excitation have occurred in some patients. There have been rare reports of cholestatic jaundice occurring in patients taking ethchlorvynol. A few cases of thrombocytopenia have been reported in patients receiving ethchlorvynol. 305432



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Evaluation of Nitroglycerin Ointment



WILLIAM C. ELLIOTT, M.D.
Indianapolis

INVESTIGATION of 2% nitroglycerin ointment in normal volunteers and subjects with angina pectoris was conducted.

In four recumbent subjects given both nitroglycerin sublingually and by inunction, reduction in blood pressure was mild. In four subjects studied in the sitting position, the effects of sublingual and percutaneous administration of nitroglycerin ointment were striking; although sublingually they were transient. The action of 30 mg of nitroglycerin in ointment, applied in a six-inch circle, was noted in 15 to 20 minutes. Profound decreases in blood pressure were maximal at 60 to 90 minutes and became minimal after two hours.

Clinical effectiveness was found when the ointment was used in prophylaxis of angina pectoris. Other hemodynamic alterations from nitroglycerin are more pronounced in the sitting versus the recumbent position. Physicians and patients should be aware of these differences.

For effective nitrite therapy of angina pectoris, there must be hemodynamic alterations. The mechanism by which nitrites produce alterations is by lowering myocardial oxygen requirements. Reduction in systemic blood pressure and venous return is met by a decrease in coronary flow requirement even with a compensatory increase in heart rate. Evidence also supports the theory that collateral flow is augmented by dilation of coronary arteries.[1] Primary dilation of obstructed arteries has not been observed.

There are no studies that show significant, prolonged hemodynamic changes in all subjects administered "long-acting" nitrites. Recent reviews have questioned the effectiveness of these preparations.[2,3]

Oral administration of nitrites is not usually effective because absorption is from the gastrointestinal tract through the portal vein. Nitroglycerin and similar drugs are rapidly destroyed in the liver.[4,5] Circulating nitrite concentrations are dependent upon the dose and capacity of the liver to degrade these drugs. Individual variation may account for occasional patients demonstrating benefit from oral preparations. However, in most instances, oral nitrites fail to alter hemodynamics.

Sublingual nitrite preparations have been proven effective for varying periods. Sublingual nitroglycerin lowers blood pressure for 15 to 30 minutes. Isorbide dinitrite has similar properties, but the sublingual and orally administered forms are not usually active at one hour.[6,7]

Clinical studies in the 1950s suggested effective control of angina pectoris by use of nitroglycerin ointment.[8,9,10,11] In some case histories, a long-term benefit was suggested. To confirm these impressions, a laboratory and clinical study was performed to evaluate the use of 2% nitroglycerin ointment.

Method

Eight male volunteers, ages 21 to 47, were studied in the fasting state. The brachial artery and superior vena cava were cannulated. No measurements were made for one hour after cannulation. Pressure measurements were made with Sanborn pressure transducers and direct writing equipment.

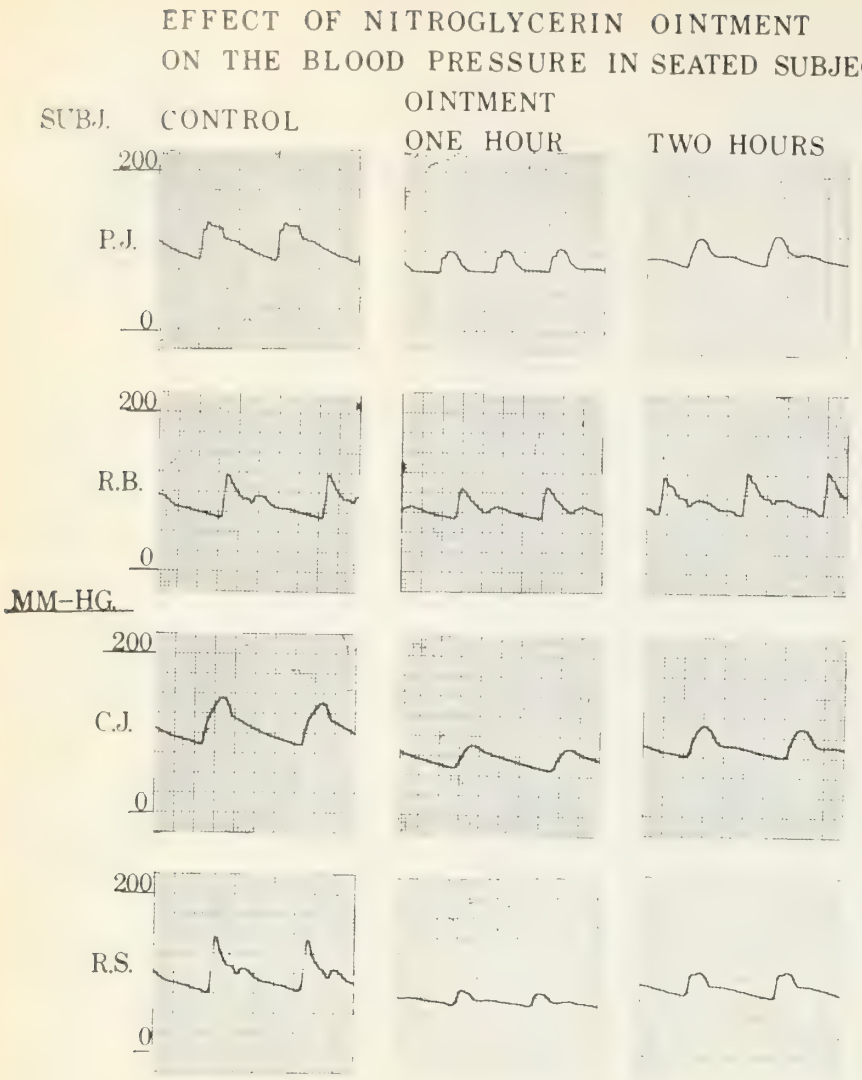
In four subjects, observations were made in the recumbent position. In four others, similar studies were made with the subjects sitting.

The protocol included observations of pressure at rest, eight to ten minutes after 0.4 mg sublingual nitroglycerin. New control measurements were made 30 minutes after recovery from sublingual nitroglycerin. Two percent nitroglycerin ointment* was then applied to the chest. A two-inch line was expressed from the tube and applied with paper evenly over a six-inch diameter circle. This dosage is approximately 15 mg of nitroglycerin per inch of ointment.

From the Department of Internal Medicine, Indiana University School of Medicine, and The Krannert Institute of Cardiology, 110 Locke Street, Indianapolis 46207.

Supported in part by grants (HE-5749, HE-5363, HE-6308) from the United States Public Health Service.

*Nitroglycerin Ointment (NITROL) was supplied by Kremers-Urban Co., Milwaukee, Wisc. 53201.



Constant monitoring for change in contour of arterial pressure, pulse and venous pressure made it possible to detect early effects of the drug.

In clinical studies, two subjects with angiographically documented coronary disease were extensively studied with treadmill exercise tolerance tests.

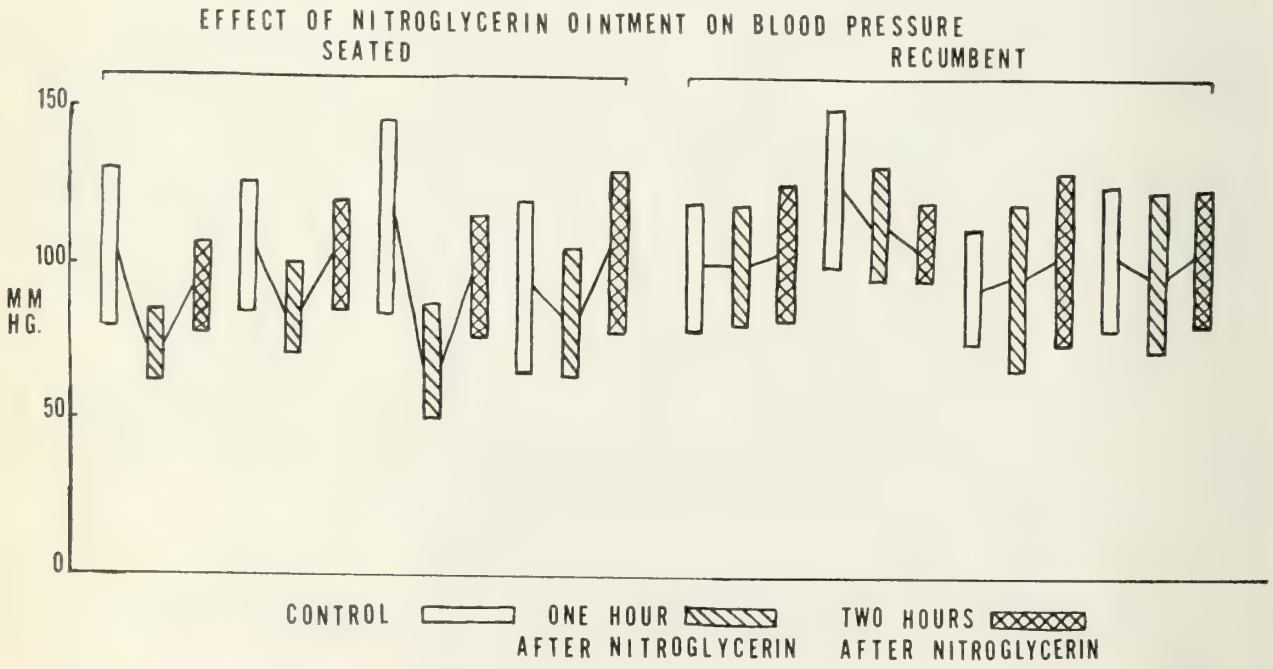
Other subjects with severe exertional or rest pain syndromes were treated without exercise tolerance testing.

Results

The data in Tables I and II, and Figures 1 and 2 reveal that the response to sublingual and percutaneous nitroglycerin is different be-

Fig. 1
Effect of nitroglycerin ointment on arterial pressure in seated subjects. Observations are made on four normal volunteers.
◄

Fig. 2
Comparison of effects with percutaneous nitroglycerin on arterial pressure in seated and recumbent subjects. Each set of bars represents a single volunteer.
▼



tween recumbent and seated subjects. The changes are much more pronounced in seated subjects.

From data in Table I it is apparent that in the recumbent position neither sublingually nor percutaneously applied nitroglycerin greatly affects blood pressure. From study of pressure tracings, pulse contour changes are noted, but the magnitude is not always significant.

Data in Table II demonstrate that

Table I

HEMODYNAMIC EFFECTS OF SUBLINGUAL AND PERCUTANEOUS NITROGLYCERIN IN RECUMBENT VOLUNTEERS
Observations Are Made At 8-10 Minutes After Sublingual Nitroglycerin and Repeated 30 Minutes Later
Observations Are Repeated One and Two Hours After 30 mg Of Nitroglycerin Ointment Application

State	Control				Sublingual Nitroglycerin @ 8-10 Minutes				Recovery @ 30 Minutes				Percutaneous Nitroglycerin @ One Hour				@ 2 Hrs. After			
Subject	S.N.	L.F.	H.N.	L.E.	S.N.	L.F.	H.N.	L.E.	S.N.	L.F.	H.N.	L.E.	S.N.	L.F.	H.N.	L.E.	S.N.	L.F.	H.N.	L.E.
Arterial Pressure mm Hg	125/80	145/85	140/75	130/80	120/80	125/80	125/75	108/71	120/80	150/100	112/65	125/80	118/82	132/90	120/67	124/77	125/83	120/90	130/70	125/82
Mean Arterial Pressure mm Hg	100	110	90	95	95	106	90	90	100	115	85	90	98	107	85	87	95	105	89	99
Systolic Mean Arterial Pressure mm Hg	110	130	120	112	100	107	110	92	100	135	95	115	100	117	105	106	110	114	111	112
Mean Venous Pressure mm Hg	10	4	9	3	9	3	6	2	11	4	9	6	6	4	6	5	10	4	6	6
Heart Rate	60	95	80	71	64	94	67	72	66	93	64	72	61	91	62	70	63	94	61	75
Pressure Time Per Minute	1870	2350	2880	2352	1800	2440	2090	1840	1900	3240	1805	2300	1700	2574	1995	2120	1870	2736	1998	2325

Table II

COMPARISON OF HEMODYNAMIC EFFECTS OF SUBLINGUAL AND PERCUTANEOUS NITROGLYCERIN IN SEATED VOLUNTEERS

Subject	Control				Sublingual Nitroglycerin @ 8-10 Minutes				Recovery @ 30 Minutes				Percutaneous Nitroglycerin @ One Hour				2 Hours After			
	R.S.	P.J.	C.J.	R.B.	R.S.	P.J.	C.J.	R.B.	R.S.	P.J.	C.J.	R.B.	R.S.	P.J.	C.J.	R.B.	R.S.	P.J.	C.J.	R.B.
Arterial Pressure mm Hg	145/75	130/87	145/85	120/65	125/80	120/85	—	—	130/80	125/85	—	—	80/63	100/72	87/50	105/65	106/78	120/85	115/77	130/78
Mean Arterial Pressure mm Hg	97	107	100	85	83	95	—	—	88	100	—	—	55	78	85	82	82	98	95	100
Systolic Mean Arterial Pressure mm Hg	118	118	105	97	104	110	—	—	110	111	—	—	75	87	82	90	86	109	102	105
Mean Venous mm Hg	6	5	7	5	2.5	1	—	—	6	1	—	—	1	—	6	1	2	1	—	—
Heart Rate	65	82	60	58	88	88	—	—	67	80	—	—	80	80	62	70	75	72	61	72
Pressure Time Per Minute	2800	2340	1890	1746	2620	2233	—	—	1914	2308	—	—	1404	1732	1240	1890	1617	2180	1742	2310

subjects in the seated position exhibit markedly greater hemodynamic alterations. In two subjects sublingual nitroglycerin was compared to nitroglycerin administered in ointment. In both subjects, the use of 0.4 mg sublingual nitroglycerin was less pronounced than 30 mg by inunction.

In the sitting position, changes in blood pressure were observed in 15 to 20 minutes after ointment application. The changes in pulse pressure progressed and became maximal in from 60 to 90 minutes (Figs. 1 and 2). The return toward baseline was slow and progressive. In most instances there is some effect at two hours, and in one subject, C.J., the effect was apparent at three hours. Exact determination of the endpoint of the drug effect is difficult to obtain.

Ordinarily, there was a decrease in pressure time per minute (Tension-Time Index). This was observed along with a tendency for the heart rate to increase as pressure decreased.

In clinical studies, the emphasis was placed on study of patient syndromes rather than treadmill testing. The greatest effectiveness has been in prophylactic use of nitroglycerin ointment. The drug is particularly useful in patients with angina pectoris developing after meals (especially breakfast). It is also useful as in controlling morning angina pectoris and allowing the patient to "warm up."

In patients who normally respond to nitroglycerin, the ointment provides at least 90 minutes of prophylaxis in which exercise tolerance is clearly improved.

For patients with recurrent episodes of rest pain, it is often effective in reducing the frequency of these episodes when it is re-applied every two hours. This has been principally utilized in patients with labile blood pressure and a tendency to raise systolic pressure with anginal attacks.

Treadmill testing documented gains in exercise tolerance as illustrated in two subjects:

A 37-year-old female diabetic patient with a totally obstructed anterior descending artery was referred after an unsuccessful internal mammary artery implant. Angina pectoris was noted with exertion only. Repeated testing revealed an exercise tolerance of one minute, walking at 2 mph at a 3% grade. The stress electrocardiogram could not be interpreted due to abnormalities in the control state from coronary disease and digitalis. Sublingual nitroglycerin normally reduced standing blood pressure from 110, systolic, to 85-90 mm Hg. Administration of one and one-half inches of nitroglycerin ointment reduced the standing systolic blood pressure to 87 mm Hg. Exercise tolerance then increased to three minutes of walking at 2 mph at a 3% grade. Use of placebo ointment did not result in increased exercise tolerance on the treadmill.

A 35-year-old female with hypertension and hypercholesterolemia was treated for angina pectoris, functional class III. This patient was not on anti-hypertension therapy at the time of the treadmill studies. Coronary arteriograms confirmed severe disease. The exercise electrocardiogram could not be interpreted due to abnormalities. The baseline exercise tolerance, to the point of pain, was limited to walking for one and one-half minutes at 1.5 mph at a 3% grade. The systolic blood pressure increased from 122 to 190 mm Hg. After repeated testing with two and one-half inches of nitroglycerin ointment, it was possible to double her exercise tolerance. This was concomitant with a lowering of systolic blood pressure and blunting of her blood pressure response to exercise. Placebo ointment was without effect.

In these subjects, as well as in others given treadmill testing, the effective duration of protection appears to be one and one-half to two hours. Increased exercise tolerance was difficult to determine two hours after administration of the ointment in the patients studied. No symptomatic postural hypotension was noted in these patients.

Discussion

This study suggests that the beneficial effects of nitroglycerin are more pronounced if the patient is sitting rather than recumbent. Apparently, the sitting position favors venous pooling with subsequent decreases in factors that determine myocardial oxygen consumption. Many patients have learned this through experience and either sit or stand quietly when angina pectoris is treated with sublingual nitroglycerin.

The data presented also suggest that nitroglycerin ointment may give a prolonged hemodynamic effect with onset at 15 minutes and beneficial alterations for one to two hours and sometimes longer. This preparation may be the only predictable "long-acting" nitrite preparation available for the patient today.

The use of the ointment can be made more convenient by covering the greasy area of application with a plastic wrap.

In view of the possibility that chronic nitrite use may induce a blunting of hemodynamic response,[2] ideally the ointment should be used intermittently at times of stress or increased activity.

Use of this preparation can result in a lowering of the systolic pressure to levels of 85 to 90 mm Hg in the subject who is sitting or stand-

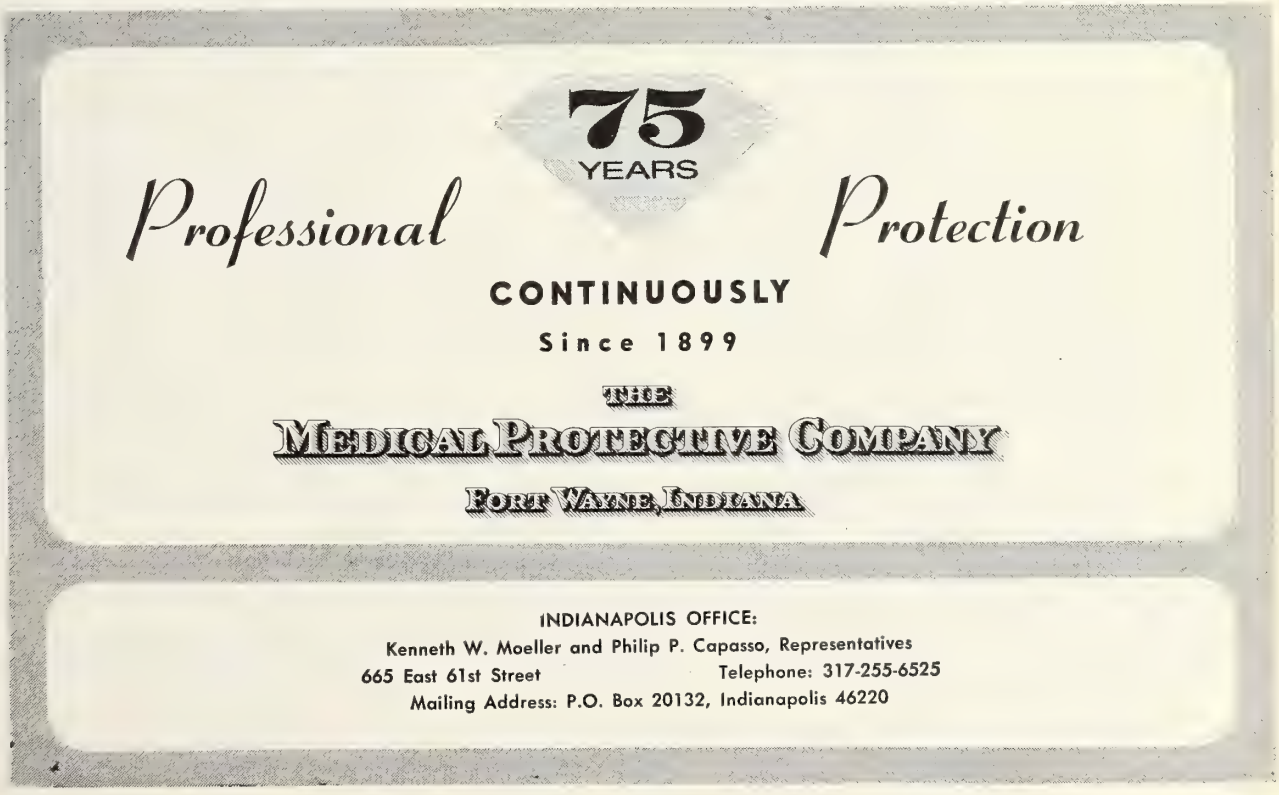
ing. Although this decreases the energy requirements of the heart, hypotension may be excessive. Patients treated with the drug should be cautioned about this possibility. It is also advisable to take blood pressure readings one hour after initial application and advise on dosage accordingly.

Because of the danger of hypotension, it probably should not be recommended during episodes of spontaneous pain due to coronary insufficiency or myocardial infarction. Correction of hypotension can be achieved by elevation of the extremities or vasopressors.

Acute lowering of arterial pressure by nitrites is time-honored and effective in relieving angina pectoris. The nitroglycerin ointment seems to offer a more prolonged and pronounced effect than oral nitrites. Careful use of this preparation, along with sublingual nitroglycerin, may have a place in increasing exercise tolerance. Physicians and patients should be aware of the enhanced benefit from nitrite use in the sitting position as compared to the recumbent position.

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Echocardiography 1974

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PULSED reflected ultrasound was first used in cardiology by Drs. Edler and Hertz in 1953.[1] Since that time, the use of pulsed reflected ultrasound in the study of heart disease has increased enormously and in the past two to three years has gained wide and popular use.

Echocardiography is the use of high frequency sound waves that are pulsed to visualize different structures within the heart. By definition, ultrasound is sound that is in excess of 20,000 cycles per second or Hertz. The energy output of most diagnostic ultrasound instruments or echographs that are currently in use today are in the neighborhood of 0.04 watts per cm².[2] This energy output is considerably smaller than the outputs of ultrasonic therapy instruments. Therapy energy outputs are in the range of 1 to 3 watts/cm². Ultrasonic examinations have been done on literally tens of thousands of patients since its inception in 1954, without any damage being recorded or reported to the heart.

Diagnostic ultrasound is used today by many different types of physicians. It has been used to examine the brain, at which time it is referred to as echoencephalography. It is also used by obstetricians and gynecologists to examine the reproductive organs. It has been used by urologists to look at the kidneys and bladder as well as radiologists to look at the abdominal aorta, liver and other visceral organs. The American Institute of Ultrasound in Medicine has decided that the use of pulsed reflected ultrasound to examine the heart should be called "echocardiography" and this term is now being uniformly adopted and will be used throughout this review. The older literature carries other terms that one should be aware of such as sonar, ultrasoundcardiography, echography, or just plain echo.

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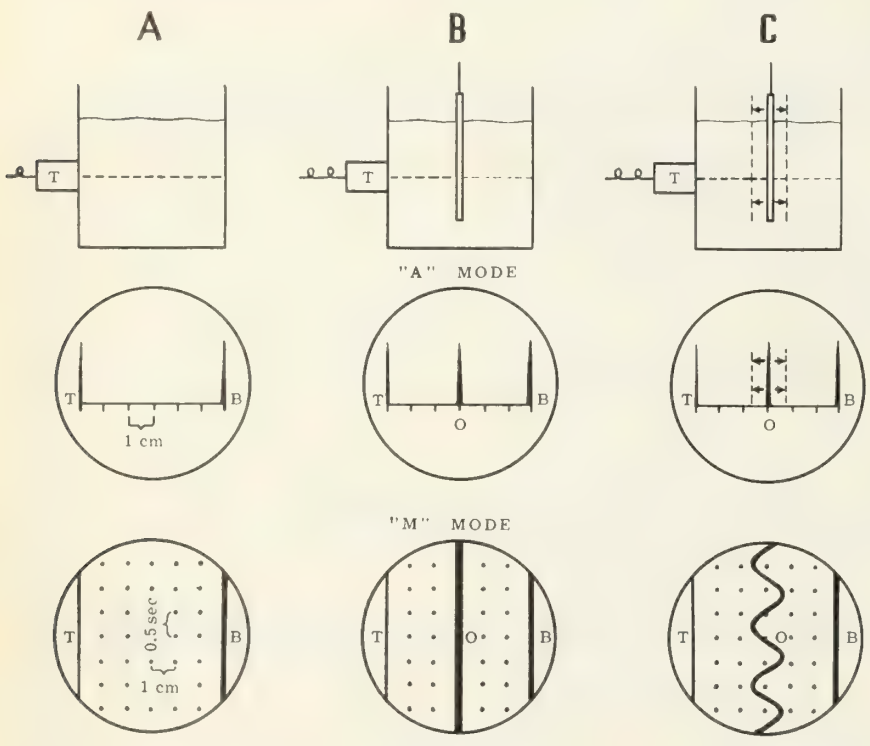


Figure 1

Principles of pulsed reflected ultrasound. T — transducer; B — beaker; O — object; (By permission).[24]

Principles of Pulsed Reflected Ultrasound

The principles of pulsed reflected ultrasound are similar to that of naval sonar in use today. A trans-

ducer acting as both a sender and receiver emits a burst of ultrasound and then waits a certain length of time for some of these emitted sound waves to be reflected back from various structures. The speed of sound in the human body is approximately 1,540 meters per sound. Sound is transmitted well through the body tissues with the exception of bone and lung. The principle of pulsed reflected ultrasound is that part of the transmitted sound passing through homogeneous tissue is reflected if a tissue of differing acoustical impedence is encountered. Acoustical impedence is the velocity of sound times that tissue's specific gravity. Figure 1 shows a transducer placed on the side of a beaker of water. A burst of sound in figure 1A is passed through the beaker of water and one will notice that spikes are obtained representing a reflection from each side of the beaker. If one places a glass stirring rod in the center of the beaker, (Figure 1B) one will find three echoes being reflected, one from each wall of the beaker as well as one from the glass stirring rod. This is the fairly classic pattern as seen in the midline brain studies. In figure 1C, if the glass stirring rod was seen to move back and forth, one would notice that the echo in the middle would move back and forth along the baseline. Note that the baseline is calibrated in centimeters and since the velocity of sound in tissue is known, this can be placed on the oscilloscope and accurate measurements of structures a certain distance from the transducer can be obtained.

No echocardiogram today is recorded in the A-mode. All echocardiograms today are recorded in M-mode. M-mode is time motion display in which the intensity of the echo instead of representing a spike is transmitted into a dot and is swept across an oscilloscope. Consequently, as in 1C a moving structure will produce a wavy line as it sweeps across the oscilloscope. Most commercial echocardiographs have an oscilloscope that sweeps from bottom to top, although some manufacturers are currently offering a model that sweeps from left to right. Before the advent of strip chart recorders, single Polaroid photographs of one sweep were obtained. But now utilizing strip chart recorders, a continuous tracing can be taken. This not only gives better continuity, but it also allows the technician to move the transducer while continuously recording.

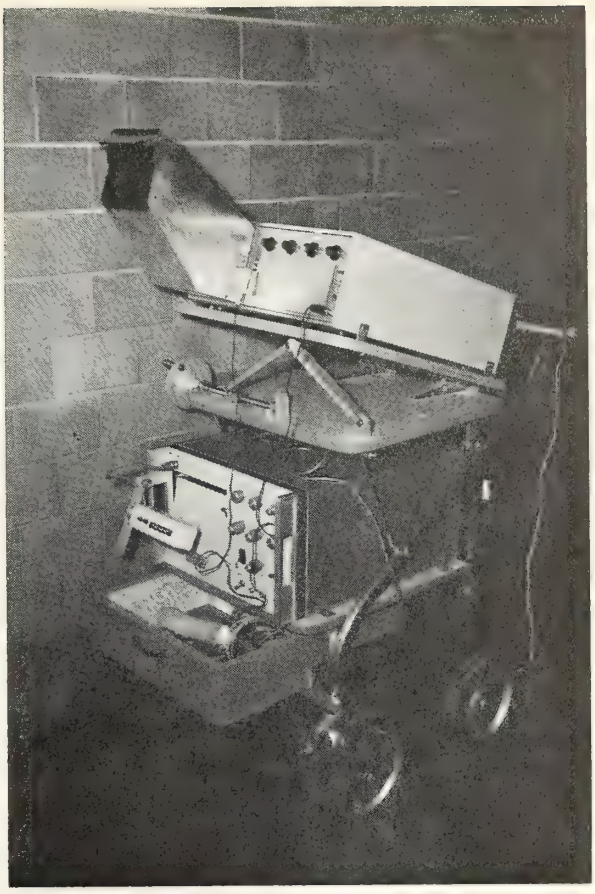


Figure 2

Current equipment mounted on a cart. The angle of the echocardiograph is adjustable. Metal cowling is used to cut down on ambient light. A strip chart recorder is located on the lower shelf, etc. The wheels on the cart are quite large which makes going over bumps and elevator shafts easy.

Fundamental Equipment

The current recommended fundamental equipment for echocardiography consists of an echocardiograph coupled to a strip chart recorder and employing a focused transducer. Figure 2 shows our equipment currently in use today. This equipment is compact and mounted on a cart which gives great portability. It is our belief that this equipment should be portable and be able to go to the patient's bedside, if needed. One should be cautioned that many commercial manufacturers today promote their equipment as being portable when in actuality it is very large, is mounted

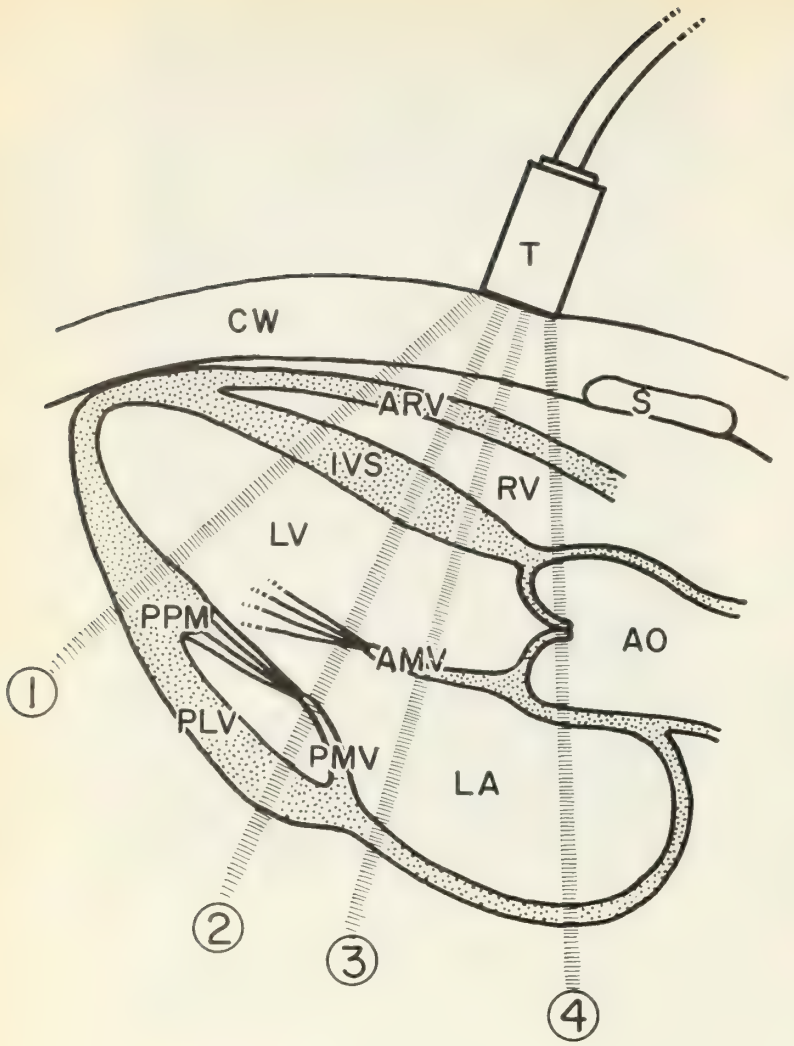


Figure 3

Cross-section of heart showing structures through which ultrasonic beam passes as it is directed from apex toward base of heart. CW — chest wall; T — transducer; S — sternum; ARV — anterior right ventricular wall; RV — right ventricular cavity; IVS — interventricular septum; LV — left ventricle; PPM — posterior papillary muscle; PLV — posterior left ventricular wall; AMV — anterior mitral valve; PMV — posterior mitral valve; AO — aorta; LA — left atrium. (By permission.)[13]

on wheels and is not portable, merely movable.

Various transducers are in use today. Our standard operating transducer is a 2.25 megaHertz transducer that is focused at 10 cm. The original transducers used in the field of echocardiography were not focused; however, we have found that focusing the beam keeps it from scattering and better quality tracings can be obtained. We have transducers ranging all the way from 1.0 megaHertz to 5 megaHertz and routinely on infants employ a one-quarter-inch non-focused 3.5 megaHertz transducer. All transducers operate basically the same. They act as both a sender and a receiver. Most transducers emit a burst of ultrasound for approximately one microsecond and act as a receiver for 999 microseconds, and they repeat this cycle approximately 1,000 times per second. This is comparable to shooting photographic film at 1,000 frames per second. Most commercial echocardiographic equipment costs approximately $8,000 for the echograph and approximately the same amount of money for a strip chart recorder. Transducers are approximately $400 each, depending upon size, frequency and availability. A portable cart to carry the equipment costs around $200. Although $17,000 seems like a great deal of money, it looks small when one compares this amount to the current cost of x-ray equipment.

Performing the Examination

The standard examination is performed with the patient in the recumbent position with the transducer placed along the third or fourth left intercostal space near the sternum. An attempt is made to completely scan the heart with the ultrasonic beam from apex to aortic root, as seen in Figure 3. With the use of strip chart recorders, rather than Polaroid film, one is able to continuously move the transducer and record at the same time. In position one in Figure 3 down near the apex one will see that the ultrasonic beam is passing through a small portion of the right ventricle and the body of the left ventricle near the apex. Moving the transducer up to position 2, the beam again transects the right and left ventricles as well as the anterior and posterior leaflets of the mitral valve. As one moves the transducer into position 3, the anterior leaflet of the mitral valve is seen as is the posterior wall of the left atrium. Finally, in position 4 the right ventricular outflow tract is seen together with the aortic root, portions of the aortic valve and the body of the left atrium. Using a strip chart recorder, one will obtain a record that looks

like Figure 4. The numbers at the bottom of Figure 4 correspond with the transducer positions as seen in Figure 3. Figure 4 is the type of panoramic echocardiogram that we currently try to obtain on every patient.

As mentioned previously, with the current portable equipment one has the ability to go to the patient's bedside, which is important in critically ill patients who may not be able to be moved to the echocardiographic laboratory. The time it takes to complete the examination will be anywhere from five minutes to 45 minutes, depending upon the difficulties encountered. Some patients, especially patients with emphysema, barrel chests, and obesity are much more difficult to do. Patients with chronic renal disease, on the other hand, are very easy to do for reasons that are not well explained. At times the patient's position is changed by either rolling him on his left side or by elevating the thorax slightly. These positional changes will frequently improve the quality of the echocardiogram. There are a few patients in whom the examination is not successful; however, with the advent of newer techniques, especially strip chart recorders and focused transducers, the frequency of failures has been cut to a very small number.

Echocardiographic Diagnosis

The use of echocardiography in the earlier days was confined mainly to pericardial effusion and the diagnosis of mitral stenosis. These two areas today continue to be a large source of requests for this examination. In our experiences echocardiography has been far the easiest, most reliable and most sensitive way to diagnose pericardial effusion.[3-5] One may detect pericardial effusions as small as 60 cc. It should be mentioned at this time that the diagnosis of pericardial tamponade is not made by echocardiography but is best made clinically with central venous pressure measurements.

Echocardiography continues to be very accurate in the diagnosis of mitral stenosis[6-8] as well as in evaluating patients after they have undergone mitral valvulotomy to judge the efficacy of surgery. With the recent description of the posterior mitral leaflet[9] as well as the anterior mitral leaflet, the diagnosis of false positive mitral stenosis has been virtually eliminated.

The mitral valve echocardiography has proven to be useful in many other conditions. Among some of these diseases are prolapse of mitral valve[10] and idiopathic hypertrophic subaortic stenosis.[11-12] In addition, at times the mitral valve is seen to flutter in aortic regurgitation.

Echocardiography has been found to be highly accurate in measuring the size of the right and left ventricles and left atrium. It is also possible to measure the thickness of both the left ventricular posterior wall and the interventricular septum.[13] The ability to measure chamber size and muscular thickness is a great advantage of echocardiography over plain roentgenograms and fluoroscopy, which provide only the cardiac silhouette. With echocardiography one can actually obtain an internal measurement of the chamber in question with an accuracy of a few millimeters. The use of echocardiography to measure stroke volume has been well established[14-16] and is continuing to be used in this manner.

There has been a lot of activity and interest in the past two to three years in using echocardiography in the diagnosis of congenital heart disease. The technique is being used with regularity in the diagnosis of right ventricular volume overloads such as atrial septal defects, tricuspid regurgitation, or pulmonic insufficiency.[17] Echocardiography has also been found to be of help in the diagnosis of tetralogy of

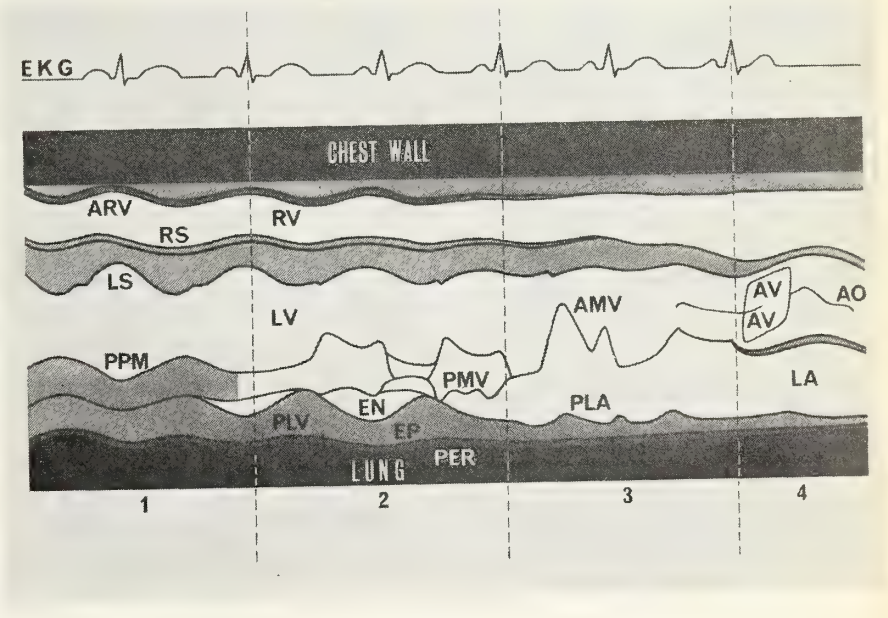


Figure 4

Echogram as transducer is directed from apex (position 1) to base of heart (position 4). Areas between dotted lines correspond to transducer positions shown in Figure 3. EN — endocardium of left ventricle; EP — epicardium of left ventricle; PER — pericardium; PLA — posterior left atrial wall. Other symbols same as Figure 3. (By permission).[13]

Fallot, transposition of the great vessels, truncus arteriosus, hypoplastic right and left heart syndromes, as well as other defects.[2]

Echocardiography today is being used in the evaluation of muscle function both as seen in coronary artery disease and cardiomyopathy.[2] The initial velocity of fiber shortening and other parameters of muscle mechanics are under investigation.[18] Its use in coronary artery disease to evaluate muscle function is being evaluated by numerous investigators at the present time.

The use of echocardiography in the diagnosis of atrial myxomas has virtually eliminated the need for cardiac catheterization to exclude or diagnose this abnormality. Again when properly done, echocardiography has been found to be highly reliable.[19-21]

The use of echocardiography in aortic valve disease remains somewhat difficult. The diameter of the aortic root can be measured, and one may see enlargement in the aortic root[22] as well as thickening of the aortic valve leaflets.[23] If thickening of the leaflets of the aortic valve is present, this finding does not necessarily imply that there is anatomical stenosis. Although we can usually tell whether or not the aortic valve is thickened, it is very difficult to quantitate the amount of actual stenosis except in the rare cases where edges of the leaflets are visible.

The echocardiographic diagnosis of mitral regurgitation continues to be elusive. There are some presumptive signs, such as an enlarged left atrium, rapid diastolic descent of the mitral valve and evidence of volume overload of the left ventricle; however, these findings are not specific and can be produced by other abnormalities.

Future

The future of echocardiography looks very bright at the present time. In the past three to four years, there has been a great deal of interest and investigation in the field, and these advances are now beginning to be applied at the community hospital level. It should be noted that because of the interest and demand and because the technique is supposedly "simple," many people begin doing echocardiography without either the training or the necessary cardiological background. We cannot emphasize too strongly that the physician who interprets echocardiograms must have an understanding of both cardiac anatomy and physiology and the technical aspects of doing the echocardiographic examination. The secret of good echocardiography is having technically good tracings. To obtain a high quality echocardiogram is not easy; in fact, it is probably easier to train a physician to do cardiac catheterization than it is to make him into a good echocardiographer.

Although we are often asked to perform a specific type of echocardiographic examination, e.g., to rule out mitral stenosis, we attempt to get a complete examination on every patient. A complete study allows us to determine the size of the left ventricle, the left atrium and the right ventricle, an assessment of left ventricular contractility and the possible presence or absence of pericardial effusion. Not only are we usually able to provide more information than originally requested, but we find a high incidence of unsuspected disease.

Who Should Be Examined By Echocardiography?

The type of patient who should undergo an echocardiographic examination obviously depends upon what this diagnostic technique can provide. At the present time the number of applications for echocardiography in patients with valvular and congenital heart disease is increasing to the point that almost any patient who presents with a heart murmur will probably benefit from this echocardiographic examination. In this type of patient we have found echocardiography to be far more productive in providing useful information than other routine examinations such as cardiac fluoroscopy. A very common use for echocardiography is in the young adult or teenager who presents with a systolic murmur and has the differential diagnosis of an innocent functional murmur, atrial septal defect or mild pulmonic stenosis. It is important in this patient to rule out the presence of an atrial septal defect which is a surgically correctable abnormality. Echocardiography can rule out an atrial septal defect with a high degree of reliability.

An echocardiogram is obviously indicated in patients with suspected diseases in which echocardiography has been demonstrated to provide specific information. This list of diseases includes mitral stenosis, prolapsed mitral valve, hypertrophic subaortic stenosis, atrial tumors, atrial septal defect, and pericardial effusion. The examination is indicated when one wants a fairly accurate assessment of individual chamber enlargement. The technique has also proven to be extremely useful in assessing the status of left ventricular contractility. There is an increasing number of recently described diagnoses made with echocardiography. Admittedly, some of these applications need further confirmation. This list includes the diagnosis of valvular vegetations due to bacterial endocarditis, torn chordae tendineae, transposition of the great vessels, discreet subaortic stenosis, ostium primum defects, truncus arteriosus,

hypoplastic ventricles, Ebstein's anomaly, and dissection of the ascending aorta. In addition, there is a great deal of current investigation with respect to patients with coronary artery disease. Preliminary indications are that this examination may prove to be extremely useful in the detection of akinetic or dyskinetic segments of the left ventricle, in the overall assessment of left ventricular performance, and in the diagnosis of ventricular aneurysms.

Summary

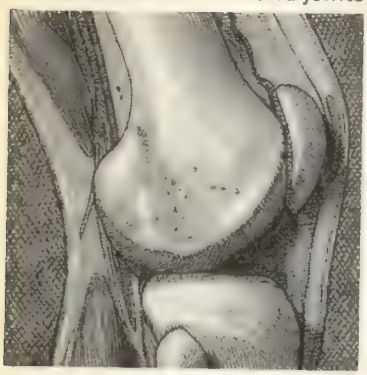
Echocardiography obviously has made important advances in the field of cardiologic diagnoses. There are sufficient, well established techniques to insure continued use of this examination for the forseeable future. However, it must be emphasized that the ultimate future of echocardiography is dependent upon high quality examination. The examination may be simple for the patient but not for the one doing the examination or interpreting the tracings. Thus there is a strong necessity for the training of competent echocardiographers.

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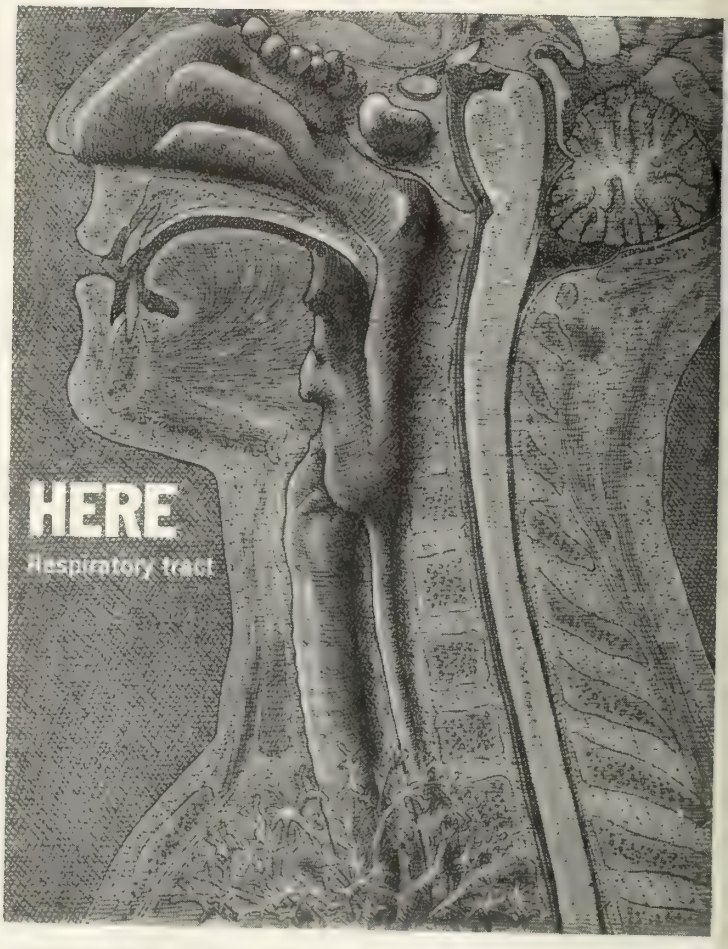


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Exercise and the Heart



MORTON E. TAVEL, M.D.
Indianapolis

DURING the million or more years that man has inhabited the earth his very existence has been inextricably associated with active movement. Evolution, therefore, has rendered man's anatomy and physiology compatible with strenuous physical activity. Inactivity, on the other hand, is a relative newcomer, having happened upon the scene only during the past century. Numerous modern effort-saving conveniences, coupled with a shift from rural to urban life and changes from physical to mental employment, all conspire to keep humans soft, flabby and inactive. Coincident with these changes in activity, the human body has fallen prey to atherosclerosis of unprecedented magnitude.

Paul D. White[1] believed that the recent increase in recognition of coronary heart disease reflects truly increased incidence of this disease, and this does not simply result from a heightened modern ability to recognize something that was always present.

Obviously, other recent changes in man's makeup may have contributed to the rising incidence of clinical coronary heart disease, i.e., smoking, diet, obesity, etc. Assessment of individual factors, therefore, is rather difficult. Much data have accumulated, however, from studies such as the Framingham project[2] and others[3,4] which suggest strongly that moderate or heavy regular physical exertion provides some protection against both sudden death and myocardial infarction with its resultant mortality.

The means whereby exercise might accomplish these ends is not at all clear: In itself, exercise apparently does relatively little to retard atherosclerosis. It may act primarily to increase cardiac efficiency, to decrease cardiac demand through more efficient muscular activity, or possibly to act through the promotion of inter-coronary collateral circulation. For whatever the reasons, however, physical training appears not only prophylactic in the general population, but is probably also helpful in increasing longevity in those already afflicted with overt manifestations of coronary heart disease. An additional benefit of physical training has been provided by evidence that exercise can ameliorate the symptoms of angina pectoris.[5]

Strenuous exercise increases demand for oxygen by the muscles. The degree with which this demand can be met depends primarily upon the adequacy of cardiac output. Physical training increases the maximum cardiac output and, therefore, the rate of delivery of oxygen to the tissues. This enhanced maximum cardiac output is accomplished primarily through a larger stroke volume. Moreover, after a period of training, the stroke volume is increased for *all* levels of activity. This results in a lower heart rate for any given workload, and indeed in a lower heart rate at rest in the supine position. A slower heart rate and larger stroke volume is basically a more efficient means for cardiac function. This may be explained simply by the fact that the myocardium requires less oxygen to increase its stroke volume than to increase its rate. A reduced myocardial oxygen requirement can provide a basis for lessening the heart's vulnerability to ischemic stresses, thereby reducing its susceptibility to infarction, sudden death or angina pectoris.

The amount of training necessary to provide a more efficient cardiac performance is quite modest—two or three sessions weekly lasting from one-half to one hour each. The type and amount of exercise required are important: Large muscles of the body should be used in moving exercises—preferably the lower extremities in such activities as bicycling, swimming, etc. Modest activity should be punctuated by a series of strenuous bursts of exertion lasting from three to six minutes each, in which the heart rate is increased from 70 to 85% of the maximum anticipated heart rate. Group exercise sessions are often the most practical. The sessions begin with several minutes of warm up activities such as calisthenics. This is followed by active exertion, such as jogging or stationary bicycling, with strenuous spurts of activity lasting three to six minutes each. Target heart rates (about 85% of maximum) may be simply

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determined by subtracting the age of the individual from 195. Isometric exercise (such as weight lifting) is undesirable because of the disproportionate rise in blood pressure which may ensue. Exercise for a prolonged period in a hot environment and following meals is also undesirable.

If individuals have had clinical manifestations of coronary disease or positive stress tests, they must be more closely monitored during the initial phases of the training program. Levels of activity may be limited by pain, arrhythmias, inappropriate blood pressure responses, etc.

For the general population one can readily appreciate the value of such sports as tennis, handball, squash, racketball, etc. They are ideally suited for conditioning the cardiovascular system, provided that they (or an equivalent) are done at least twice weekly on a year round basis. They should also be followed as a lifelong endeavor.

Guidelines for a practical approach to an exercise program are detailed in Morse.[6] The approach to an exercise program depends upon one's age, previous physical conditioning, presence of coronary risk factors (such as smoking, obesity and hyperlipidemia) and the presence or absence of clinical disease. Physical examination should be performed prior to any active program. Exercise stress testing should be performed in individuals over the age of 40 or in those with any findings suggestive of increased risk or actual disease. Certain guidelines may be laid down according to the general category in which a given individual falls:

Asymptomatic individuals less than age 40. Unlimited exercise to tolerance.

For those previously sedentary individuals, one should begin with light exercises and increase gradually in intensity.

Asymptomatic individuals over age 40.

These individuals should receive the same program as category number one except for a more gradual approach to increasing levels of exercise. As mentioned, all individuals in this category should receive stress testing prior to the inception of the program.

Individuals with latent or overt coronary disease, including angina pectoris.

These individuals should be carefully evaluated prior to any exercise program (with stress testing) for an estimation of the cardiac rate required to produce electrocardiographic changes or symptoms. Physical training should proceed cautiously and care should be exercised to avoid exceeding heart rates which have previously been found to produce electrocardiographic changes. Monitoring should be done during the early weeks of exercise programs to include evaluation of the pulse rate, blood pressure and clinical status. After it has been demonstrated that the patient can perform regularly at given heart rates, a program can be continued with less supervision. The patient may be instructed on recording his own pulse rate.

Patients with severe heart disease such as congestive failure, significant aortic stenosis and cardiomyopathy.

In general, physical training is contraindicated in such individuals. It is also contraindicated for the first three months after a myocardial infarction.

Obviously, much has yet to be learned about the preventative and therapeutic effects of exercise. It suffices to say, however, at this time, that *regular* exercise has not been shown to be harmful to any but the most severe of diseases. Because of the above facts, plus the added benefit of exercise on sense of well being, maintaining a low body weight, and better physical appearance, I would suggest that exercise be incorporated into anyone's program for physical hygiene. Perhaps Dr. Per-olof Astrand[6] has stated the case most aptly:

"It has been claimed, and I know many doctors who emphasize, that before going through an exercise program, you should go and see your physician. I take the other look. I am convinced that regular physical activity is beneficial from many points of view. After all, I have only one heart and I want to take good care of it! So to be a little bit provocative, anyone who is doubtful about his state of health, should of course consult his physician. But, in a nutshell, my opinion is that it is more advisable to pass a careful medical examination if one intends to maintain a sedentary life in order to establish whether one's state of health is good enough to stand the inactivity."

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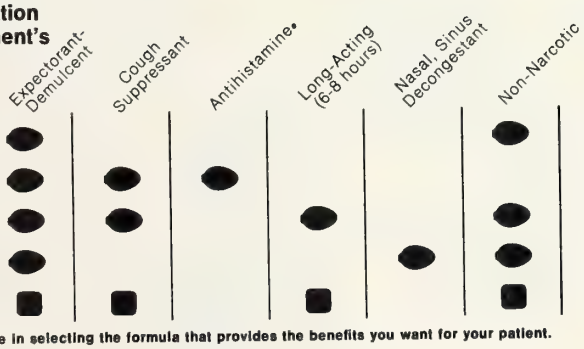
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The Board of Trustees of the American Medical Association

The American Psychiatric Association

The Executive Committee of the National Association of Retail Druggists

The Board of Directors of the Pharmaceutical Manufacturers Association

The National Wholesale Druggists' Association



oint Statement on Antisubstitution Laws and Regulations

The purpose of this statement is o affirm the support of the participat- ng organizations for the laws, regula- ons and professional traditions which rohibit the unauthorized substitution f drug products.

Traditionally, physicians, den- ists and pharmacists have worked ooperatively to serve the best inter- sts of patients. Productive coopera- ion has been achieved through nutual respect as well as a common oncern for the ideals of public ervice. This mutual respect has been eflected, in part, by joint support ver the years for the adoption and nforcement of laws and regulations pecifically prohibiting unauthorized ubstitution and encouraging joint iscussion and selection of the ource of supply of drug products. he basic principles of medical, den- al and pharmacy practice are thus tilized and preserved in the interest f patient welfare.

The antisubstitution laws have not obstructed enhancement of the professional status of pharmacy any more than they have in and of themselves guaranteed absolute protection from unsafe drugs, or freed physicians, dentists and pharmacists from their responsibilities to patients. As a practical matter, however, such laws and regulations encourage interprofessional communications regarding drug product selection and assure each profession the opportunity to exercise fully its expertise in drug usage, to the advantage of patients.

Physicians and dentists should be urged to increase the frequency and regularity of their contacts with pharmacists in selection of quality drug products, recognizing that economies to patients can be improved through such communication, taking into account the patients' needs. The pharmacist's knowledge of the chemical characteristics of drugs, their mode of action, toxic properties and other characteristics that assist in making drug selection decisions should be utilized to the fullest extent practicable by physicians and dentists in serving their patients.

Since drug product selection entails knowledge derived from clinical experience, the physician's and dentist's roles in product selection remain primary and do not permit delegation of decisions requiring medical and dental judgments. A broader role in therapy will evolve for pharmacists as improved understanding and cooperation among the professions continue to grow.

There has been no evidence that there are convincing reasons to modify or repeal existing laws and regulations prohibiting the unauthorized substitution of another drug product for the one specified by a prescriber. It is our belief that such laws and regulations merit the joint support of the medical, dental and pharmaceutical professions and the pharmaceutical industry.

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PMA Views Told Senate Committee

NEW drug discoveries since 1946 have been the major factor in improving health care. The fact that drug prices have been stable in an inflated economy has helped to control costs.

C. Joseph Stetler, president of the Pharmaceutical Manufacturers Association testified in December before the Senate Subcommittee on Health, chaired by Senator Edward Kennedy.

Mr. Stetler paid a great compliment to the American pharmaceutical industry for its research program since 1940 and for its marketing system which has seen drug prices actually decrease during the past decade while the price of almost everything else has risen.

The pharmaceutical industry's testimony occupied most of the second day of the hearings which are expected to continue with two or three days of hearings each week for several months.

Stetler warned that, despite the industry's brilliant record to date, government delays and regulations might stifle the highly productive research. He stated that from 1940 to 1970 U.S. firms originated 70% of the drugs introduced in this country, while from 1971 to 1973 they originated only 37%.

Lengthening of the time for clinical trial has necessarily shortened the time during which a patented drug may be marketed under exclusive rights. Recovery of the multimillions of dollars involved in discovery and development depends on patent rights. Shortening the patent life or compelling cross-licensing will dry up the source of research finances for the industry.

Stetler called on Congress for "a favorable policy on innovation." He emphasized that a public policy commitment to drug research is needed. The development costs for a new drug entity may be up to $40 million and the laboratory-to-patient time lag may be 10 years if the present trend continues to 1977, he said.

Mr. Stetler described the Food and Drug Administration as improving but understaffed and underfunded. Its workload has doubled in the last five years. Manufacturing plants are being inspected on an increasingly infrequent schedule. Some smaller plants are inspected only once in five years.

He recommended "a thorough, multidisciplined review of the entire regulatory process, comparing the American approach to those of other highly developed nations."

Guest Editorials

The FDA and the Supreme Court

IN a recent series of four consolidated unanimous decisions by the United States Supreme Court* the Food and Drug Administration was granted broad regulatory authority to carry out the 1962 amendments to the 1938 Food and Drug Control Act. The 1962 amendments added the requirement of *efficacy* for all drugs. This requirement was welcomed by everyone, including the regulated industry. Everyone knows, however, that even a placebo can be highly efficacious in the right patient. One of the important questions before the court was what is substantial proof of efficacy and how will it be determined. Medicine is not an exact science; experts frequently differ on

**Weinberger v. Hynson, Westcott & Dunning,* No. 72-394; *Weinberger v. Bentex Pharmaceuticals,* No. 72-555; *Ciba Corp. v. Weinberger,* No. 72-528; and *USV Pharmaceutical Corp. v. Weinberger,* No. 72-666. (decided on June 18, 1973).

what type of controls are needed in an efficacy study, on how many patients should be studied, and on significant issues of methodology. It should also be recognized that the font of all scientific wisdom does not rest in Washington, D.C.

Thus the Supreme Court has decided to allow the FDA the power to be judge, jury, and executioner in determining whether the evidence submitted to establish efficacy is sufficient, and whether a drug is generally recognized as safe and effective by the medical profession. This opinion could well turn out to be an almost fatal blow, not only to the pharmaceutical industry, but also to the practicing physician.

For all practical purposes this decision would be made by one person in the FDA, i.e., the reviewing medical officer. His actions would of course have to be concurred in by the Commissioner; but it is well nigh impossible for any one man to be knowledgeable about all decisions made at the FDA, let alone the issues involved in the decision.

The FDA has also been given the right to decide whether the sponsor of the drug is entitled to a hearing on the issue of efficacy. In other words, the FDA—or one person within it—has the power to make the decision that the evidence is insufficient, deny a hearing on the scientific merits, and then order the drug removed from the physician's armamentarium. This awesome power is accompanied by awesome responsibility.

The FDA must now recruit scientist-physicians who are the brightest, the most intelligent, and possessed of some good old-fashioned common sense, to work for it and make these decisions. The industry, the medical profession, and the consumers whose health is at stake should insist that the FDA reimburse these scientists commensurate with their responsibilities. No longer should any decisions based on partial knowledge, emotion, political expediency, rancor, or even revenge be tolerated.

Some progress has been made by the appointment of outside advisory groups to assist in making well reasoned scientific decisions on issues that will have an impact on the health of all of us. Sometimes, however, these opinions are ignored by the FDA, which by law has the final authority; or the FDA appoints individuals to such committees because they agree with an already preconceived judgment of the FDA staff, which may or may not have already been published in the *Federal Register*.

Mr. Peter Hutt, the FDA general counsel, was described as jubilant over the Supreme Court decisions. From a legalistic point of view, his jubilance may be justified; but from the point of view of the nation's health that jubilance may be premature, unless the decisions are made with thoughful wisdom by competent scientists.—**W. H. L. Dornette, M.D.,** *The Journal of Legal Medicine,* **Nov./Dec. 1973. Reprinted with permission.**

Editorial Notes . . .

State Health Commissioner William T. Paynter, M.D., has alerted all retail health food stores to remove two products, "Aprikern" and "Bee-Seventeen" from sale. Extremely dangerous amounts of hydrogen cyanide are contained and fatalities could occur. All patients who may have these products are advised to destroy them.

"Prescription medicines continue to be a good value from the consumer standpoint, not only resisting inflation but actually declining in price at a time when prices of most items have shown a continual rise."

The AMA has a new publication. "Online" just appeared in November, Vol. 1, No. 1. It is the AMA Newsletter for student members of the Association. The first issue announced that medical students for a membership fee of $15 will receive "JAMA," "Prism," and "American Medical News" and will be eligible for low cost AMA group life and health insurance programs.

The Veterans Administration is extending the affiliation which its inpatient services have with medical schools to the VA outpatient clinics. The trend in veteran care is toward outpatient service. A special dean's committee is appointed to organize the consultants and attending specialists. It is expected that much of the VA's function in education and training will be shared by such outpatient clinics.

Auto death rates in the 1960s increased not only in United States but also in Canada and Western Europe. The rise was greater for females, and in about half the countries it was more pronounced at ages 15-24. In the U.S. the age-adjusted death rate in 1969-70 was the highest for all countries except for Germany.

Indiana and Purdue are great rivals at football but the best of cooperators in the artificial knee business. Purdue engineering professor, B. M. Hillberry, has developed a unique rolling-contact joint which is being tested by the orthopedists at I.U. Their fondest hope is that it will be as successful as total hip replacement.

The pharmaceutical industry has established an 11-member task force to study problems resulting from the

energy crisis. Shortages are now apparent in the supply of isopropyl alcohol, acetone, methanol, benzene, glycerine, ethylene oxide, phenol, toluene and naphthalene. Priorities which would preserve the normal supply of the basic materials for drug making are hoped for.

In a recent court case a physician attempted to have set aside his dismissal from a hospital staff on the grounds that his rights under the due process and protection clauses were violated. The court ruled that a physician has no constitutional right to practice in a hospital. The doctor had been charged with "gross errors in medical judgment and treatment, performance of surgical procedures beyond his staff privileges, admitting and treating patients at the hospital outside his privileges and failure to complete required hospital data on patients."

The Veterans Administration reports encouraging results of a new type of electrical stimulation which has produced rapid healing of fractures which had failed to heal previously. The technic depends on low voltage electrical stimulation through implanted silver electrodes.

The FDA policy on the unapproved use of approved drugs was recently summarized by Dr. Richard Crout, director of the Bureau of Drugs: "the physician must be free to use the drug for an indication not in the package insert when such usage is part of the practice of medicine and for the benefit of the patient. When such usage is done as part of a research project on a marketed drug, however, it is still permissible but should be done under an IND."

The drug industry's need for fuel and petrochemicals is small on the absolute scale but of tremendous importance when the end product is considered. Shortages will disrupt the supply of antibiotics, insulin, steroids, cardiovascular agents, sterile large volume parenteral solutions, analgesics and blood derivatives. The PMA has testified before the Senate health subcommittee to assure continued supplies.

The Department of Defense and the Veterans Administration are the two biggest buyers of drugs. The General Accounting Office has recommended that the procurement activities of the two purchasers be consolidated. Expected annual savings—$420,000.

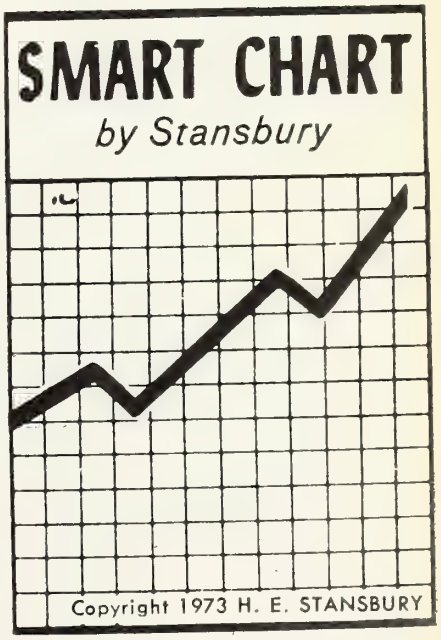
The FDA is preparing guidelines to improve package inserts for prescription drugs. Object: better information for the doctor. FDA is considering the publication of a drug compendium as recently discussed at the Food and Drug Law Institute.

Veterans Administration hospital admissions exceeded one million for the first time in history in 1973. Of the 1,007,228 1973 admissions 132,222 were for Vietnam veterans. The average daily number of tuberculosis patients in VA hospitals continues to decrease—1408 last year as compared to 15,645 in 1952.

The misconception that oral thermometers will indicate body temperature after less than three minutes in place still persists. Now a company in New Jersey advertises an electronic oral thermometer which is said to register within 15 seconds. True it will indicate the temperature of the mouth in 15 seconds but the temperature of the mouth does not approximate the general body temperature until the mouth has been closed for three minutes. One might as well use a three-minute recording thermometer and save a lot of money.

Suicide prevention centers have not lowered the rates of suicide. Comparison of the experience in 57 cities without prevention centers and 17 centers with centers showed no significant changes from 1960 to 1968.

The Veterans Administration will care for certain dependents of veterans by referring them to private physicians and, if necessary, to private hospitals. The program covers spouses and children of veterans totally and permanently disabled by service, and widows or widowers and children of veterans who died from service-connected conditions. Such patients are admitted to VA hospitals only when such hospitals have a unique capability not available in the area and when these facilities are not needed for treating a veteran. ◄



"The Russians say that our capitalistic aggressiveness comes from weaning our kids on Monopoly."

Diagnostic Patterns of Disability for Indiana and the Nation

M. CORNACCHIONE, M.D.
Indianapolis

THIS short statistical analysis of data compiled by the Social Security Administration shows the extent and nature of Indiana's participation in the Social Security Disability program and was compiled by the office of Research and Statistics. It compares some of Indiana's data with national averages, and includes a comparison of worker disability allowances by diagnostic groups in Indiana and the United States overall.

Doctor Cornacchione is Chief Medical Officer of the Indiana State Agency, Disability Determination Division, Indianapolis.

Under the provisions of the Social Security Disability program, the nation's largest disability plan, a worker under 65 can receive monthly benefits if he or she becomes unable to work due to a mental or physical impairment that has lasted—or is expected to last—at least 12 months or is expected to result in death.

More than 96 million workers can count on monthly cash benefits in the event of such severe and extended disability. In addition, the dependents of these workers are also eligible for monthly benefits. Over 1.8 million workers and 1.4 million dependents are now receiving disability benefits at the rate of almost $5 billion a year.

Currently, 37,289 disabled workers in Indiana are collecting $7,079,301 a month in benefits. In addition, 6,991 wives or husbands of disabled workers and 23,256 children of disabled workers in Indiana are receiving $426,316 and $1,311,550, respectively.

The latest year for which tabulated data are available to show disabled worker diagnostic patterns by state is 1970. Disabled workers in Indiana who began receiving benefits in that year constituted 8,234

Table I

Social Security Worker Disability Allowances 1970 — Diagnostic Groups

Diagnostic Group	United States		Indiana	
Diseases of the circulatory and cardiovascular system	108,906	31.1%	2734	33.2%
Diseases of the musculo-skeletal system	52,086	14.9%	1100	13.4%
Mental, psychotic and psychoneurotic, etc.	38,406	11.0%	637	7.7%
Neoplasms	36,095	10.3%	954	11.6%
Accidents, poisonings and violence	28,231	8.1%	686	8.3%
Diseases of the respiratory system	24,254	6.9%	679	8.2%
Diseases of the nervous system and sense organs	22,575	6.4%	608	7.4%
Allergic, endocrine system, metabolic and nutritional diseases	13,141	3.8%	305	3.7%
Diseases of the digestive system	9,051	2.6%	136	1.7%
Infective and parasitic diseases	8,760	2.5%	183	2.2%
Other	8,875	2.5%	212	2.6%
Total	350,384	100.0%[1]	8234	100.0%[1]

[1]Figures may not total 100.0 due to rounding.

of the 350,384 new beneficiaries nationwide. This program is totally federally funded.

Table I compares the frequency of diagnostic groups in Indiana with the United States overall. It shows that diseases of the cardiac and circulatory system comprised the largest diagnostic group in the country in 1970. Diseases of the musculo-skeletal system and mental disorders were the second and third largest diagnostic groups, respectively. All states do not, however, follow this pattern.

Within these overall diagnostic groups, the most prevalent *primary diagnosis* in both Indiana and the nation in 1970 was coronary artery disease and cardiovascular disease. Indiana recorded 1,697 cases that year. The nation's second most common primary diagnosis, schizophrenic disorders, accounted for 248 cases in Indiana. Following these, in order of decreasing national prevalence, was arthritis and allied conditions, with Indiana reporting 362 cases, followed by emphysema with 487 cases. There were 180 cases of displacement of intervertebral disc in Indiana; 240 cases of diabetes mellitus, and rheumatoid arthritis and allied conditions accounted for 229 cases in Indiana that year. Cerebrovascular disease, listed eighth among the most prevalent primary diagnoses in 1970, recorded 264 cases in Indiana; malignant neoplasm of trachea and lung, 248 cases; and neuroses ranked tenth with 112 cases.

Additional information about the Social Security Disability program in Indiana can be obtained from: Indiana Rehabilitation Services, Disability Determination Division, 932 Illinois Building, 17 West Market St., Indianapolis 46204; Phone: 317-633-4533.



For the treatment of impotence due to androgenic deficiency in the male.

DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Postpuberal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250.

Write for Literature and Samples BROWN THE BROWN PHARMACEUTICAL CO., INC. 2500 West 6th St., Los Angeles, CA 90057 REFER TO PDR

Concerning the Rheumatic Fever Prophylaxis Program of Indiana

A cooperative program of the Indiana State Board of Health and the American Heart Association, Indiana Affiliate, makes available to physicians penicillin (both injectable and oral) and sulfadiazine for the prophylaxis of rheumatic fever. Penicillin and sulfadiazine are the medications recommended by a Committee on Rheumatic Fever of the American Heart Association, Indiana Affiliate, as the methods of choice for prophylaxis of rheumatic fever. This was approved by the Indiana State Medical Association and has been in operation since September 1955.

Penicillin for intramuscular injection is available in disposable syringes of 1,200,000 units and penicillin G tablets are available in 200,000 units. Sulfadiazine tablets of 0.5 gm are also available. No other antibiotics are available from this source.

Any person having a history or clinical manifestations of rheumatic fever and who is financially unable to pay for the medication is eligible to receive this prophylaxis upon request of the attending physician. The medication is mailed to the physician rather than to the patient.

An informational memo sheet is available to the physician from the American Heart Association, Indiana Affiliate. Also available is the patient data request form on which the physician may list pertinent facts of the case and identify the medication needed.

This regime should be regarded as prevention of streptococcal infections only and should not be construed to be prophylaxis or treatment for endocarditis in persons having congenital or other cardiac defects.

The application forms may be obtained by writing to the Indiana State Board of Health, Division of Maternal and Child Health, 1330 West Michigan Street, Indianapolis 46206, or to the American Heart Association, Indiana Affiliate, 615 North Alabama Street, Indianapolis 46204. On receipt of the application form the physician will be sent a six months' supply of medication.

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Interprofessional Code

Indiana State Medical Association—Indiana State Bar Association

PREAMBLE

General Principles

The need for better understanding of the professional problems of doctors of medicine and attorneys at law, dependent each upon the other in many aspects of medico-legal proceedings, has long been apparent to both professions.

The physician is responsible not only for the care of his patient both in health and disease, but also for ministering to his needs to the best of his ability and in accord with the high precepts of his oath.

The attorney is responsible both as advisor and confidant of his client, and as an officer of the court, for representing him as advocate in legal proceedings and as negotiator in his business and personal affairs.

Both are pledged to maintain the confidence and hold inviolate the secrets learned by this patient-physician, client-attorney relation. Each profession is obligated by its common calling to cooperate with the other in the furtherance of the truth as applied to the case at issue. In the pursuit of this goal each should respect the honor and the dignity of the other. The appearance of incompetence, dishonesty, corruption, immorality, or other unethical conduct upon the part of either individual cannot be tolerated by either profession.

It therefore becomes the duty of each profession to support within its own ranks, as well as in the ranks of the other, those principles of ethical conduct as applied to medicolegal matters which both have found necessary in the public good. It is held apparent that adoption of these principles will serve us as a guide to the attainment of the best in interprofessional conduct and practices.

ARTICLE I

The Physician

Section 1. It shall be the obligation of the attending physician to furnish freely to the patient's attorney all facts primarily available only to him. He should explain these facts in such a manner as to be understood by the attorney in order that he can properly evaluate them in his client's cause.

Section 2. Written Reports

The attending physician should always furnish his patient's attorney with a written report upon the request of the patient. Such report should contain a history as obtained from the patient, the physical findings, diagnosis, treatment and prognosis. An opinion may be expressed, if requested, concerning the actuality or probability of facts as pertaining to the patient's condition. Physicians must appreciate that promptness in providing a patient's attorney with such information as may be available is of importance to the patient's legal rights. Many matters can be settled out of court to the mutual satisfaction of the parties involved. Undue delays in providing medical reports bearing on a patient's legal rights may prejudice the patient's opportunity, either as to settlement or disposal of the problem, and thus create possible further expense, worry, and even the loss of important testimony. Witnesses may die or facts become obscure as time elapses.

Section 3. Records

The attending physician should carefully preserve all records pertaining to his treatment of the patient, making them available for inspection by his patient's attorney, only with the express consent of the patient.

Section 4. Advice on Legal Matters

The physician may properly only advise his patient as to the extent, degree, or percentage of illness, injury, or disability, as based upon his best professional judgment. He should never advise on the amount of damages a patient should seek to recover nor upon other monetary aspects of his attorney-client relation. These involve many considerations other than medical and are therefore the exclusive province of the attorney.

Section 5. Examination for Attorneys and Other Parties

A physician may examine a person at the request of an attorney or other party. The physician's service in this event is to the employing attorney or other party, and he is entitled to reasonable compensation for the substantial amount of time spent in examination and preparation of the detailed reports necessary. Charges for such services should be in the same amount as if made to the patient, were the latter to pay such bill directly.

Section 6. Attending Physician's Charges

The attending physician is entitled to reasonable compensation for his services to his patient for time spent in conferences, preparation of reports, travel costs, and court or other appearances. These are services rendered his patient and charges therefore should be made to the patient. The attorney must do his full part in explaining that fact to his client. It is proper and not unusual for an attorney to represent on a contingent fee basis a client who is not in a position to pay a per diem fee irrespective of the outcome of the case, and the attorney may acquire a lien upon the proceeds of the action. The medical profession neither has, nor seeks, any similar arrangement. The charges of a physician should not in any way be based upon a percentage of the patient's financial recovery. Any other practice might lead to a charge that the physician witness had an interest for being partial in his testimony.

Approved by the ISMA House of Delegates Oct. 9, 1957.
Revision approved by the ISMA House of Delegates Oct. 14, 1971.

Section 7. Limits of Medical Testimony

Subsection (a). Testimony of the Attending Physician in His Patient's Behalf

The physician should state the facts honestly and simply leading up to, and entering into his diagnosis, his treatment, and his prognosis, according to a most reasonable degree of medical certainty. He should not indulge in speculation unless a speculative answer is required for a specific question. In such a situation he must clearly label his own testimony as speculative or his "best estimate," or "best judgment." Under no circumstances is he justified in suppressing medical evidence or in "taking sides" as such. Such attitude would not only affect the credibility and usefulness of his testimony, but it would also be an unwarranted usurpation of part of the attorney's function.

Subsection (b). Testimony as an Expert—Subpoenas

The medical expert should offer no opinion beyond the facts of the case as observed by him or which goes beyond his personal knowledge, or runs counter to his professional training or experience. He may, however, take into consideration facts already in the court record, or set forth in a hypothetical question, of which he has had no previous personal knowledge. His professional judgment and his own conscience must mark the limits of his testimony, including his opinions.

In the event that he has been subpoenaed, he is obligated as any other citizen to answer thereto. Where grave emergency prevents his response, such emergency must involve the genuine professional needs of a patient, and he must be prepared to convince the court that the emergency was of sufficient gravity to justify his ignoring the order of the court.

A physician subpoenaed as a medical expert cannot reasonably be held to special study or other preparation for the case, nor can he be compelled to form an opinion under such circumstances. If he has an opinion, however, he is obligated to state it.

No medical expert can be expected to form an opinion if he does not have a professionally adequate basis for one on a litigant whom he did not observe. If an attorney is insistent that a medical expert offer an opinion under these circumstances, the physician should be careful to state for the record that he has been subpoenaed, that he has not observed the patient, if such is the case, and that he has an insufficient basis upon which to form a professional opinion.

When a physician who has not observed a particular individual is subpoenaed as a medical expert, he will be confronted with the problem of the hypothetical question. If he can answer that question, he must do so. If he cannot answer it without special study or the question does not contain sufficient facts upon which to form an answer, he should so state.

Subsection (c). Choice of Language

The medical witness should express his findings, observations, and opinion before the court attorneys and jury in language readily understood by them. He should also put into intelligible language the effect of particular injuries. In the event that he finds it necessary to describe technical subjects in medical terms, he should then translate those terms into language familiar to his audience. Otherwise, its meaning may be entirely lost or so completely misunderstood as to materially affect the true import of the testimony. The medical witness should remember that his testimony is not intended to impress or edify, but to explain. If it does not help explain and does not clarify the issues of a particular case, it has failed in the sense that it was not useful to the determination of the case.

Subsection (d). Statements to Both Sides

A physician may not offer observations or opinions or otherwise discuss a case with both sides in a particular proceeding or lawsuit. Nor may he submit to interviews or otherwise furnish reports to attorneys for both parties, except in those cases as required by statute or by express agreement between the parties. It is self-evident that a physician's integrity and judgment are among his most precious assets, and that neither should ever be "purchased." On the other hand, when a physician has been asked to offer his testimony on behalf of a patient or as an expert on behalf of a particular claimant, he should not needlessly complicate the case by making himself available to representatives of the other side by offering apparently inconsistent viewpoints to two or more parties or their attorneys.

When a physician who has agreed to offer testimony on a case is approached by attorneys or other representatives for other parties with adverse interests, he should be frank about his prior commitment, notify the attorney for the party for whom he has agreed to testify, and thereafter be guided by the advice of the latter attorney.

Section 8. Protecting the Attorney's Time

The physician should make every effort to protect the attorney's time. Like the physician, he has continuing responsibilities to his clients and definite times to be in court attending to other matters. The physician should make every effort to meet his appointments with attorneys on time. This applies both to appointments for conferences or despositions and other matters. Should an emergency arise which would make it impossible for him to keep such an appointment, he should promptly notify the attorney.

Section 9. Public Statements

Public statements regarding the health or other medical aspects of public or otherwise prominent individuals should never be offered without personal observation of the patient by the physician, followed by the individual's express permission to publish or otherwise make public his findings. It is beneath the dignity of the medical profession to issue such public statements as a basis for altercation or disagreement with other members of the profession.

ARTICLE II

The Attorney

Section 1. It shall be the obligation of the attorney to marshal the facts and to obtain medical opinion which, in his judgment, is necessary for the proper presentation of his client's case. He shall not counsel or maintain any suit or proceeding which appears to him unjust, nor shall be counsel or maintain any defense, except such as he believes to be honestly debatable under the law. He will use only such means as are consistent with truth and honor in maintaining the causes confided to him. He will never seek to mislead the judge or jury by any artifice or intentional misstatement whatsoever. It is important for the physician to understand, however, that under the adversary system the attorney does not pretend to advocate both sides in a dispute, but is obligated to present only those facts and opinions as relate to his client's side.

Section 2. Payment of Physicians

The attorney may on behalf of his client pay the physician for such services as are related to the development of his client's legal rights, provided the charges made by the physician are such as he would make if made direct to the patient were he to pay the bill.

In those cases in which the attorney does not or cannot ethically pay the physician, he should as a matter of fairness and interprofessional courtesy do everything reasonably possible to assure payment to the physician for the services rendered in the matter in which he is concerned.

It shall be held professionally unethical for an attorney to make settlement of a case without making provision for the payment of the physician's services, where he made such an agreement with the physician with the client's approval.

Section 3. Court Arrangements—Protecting the Physician's Time

Courts and attorneys should make every effort to protect the physician's time. He has continuing and often unpredictable responsibilities to his patients that may be anticipated to conflict with courtroom procedure. Courts and attorneys should therefore undertake to determine when and for how long the physician will be needed in court, and he should be given advance notice accordingly. It is then his obligation to be in court at the time requested. In the event an emergency arises which calls for his services elsewhere, courtroom procedure must give way to humanitarian considerations, and the medical witness released or his testimony postponed until the emergency has first been cared for.

Section 4. Conferences

The attorney should always confer with the physician relative to the common problems involved in a case. Conferences should be arranged at the mutual convenience of each. It is unfair to the patient-client, the physician and the cause of justice, for the attorney to present a medical witness who has not had the advantage of prior conference to know the full significance of the testimony he has been asked to present. It is also obvious that the attorney is not able to represent the full interest of his client where he has not had the full advantage of prior conference with the physician.

Section 5. Subpoenas

It is expected that the attorney will in every instance make a good faith effort to arrange his client's expert medical evidence in ample time before the hearing to allow the physician time for special study, review, or other preparation. Such arrangements should include offer of compensation commensurate with the reasonable value of the professional services involved in preparing or offering testimony, or the time taken away from the physician's practice.

In the event that medical evidence necessary to his client's cause cannot be obtained by prior arrangement, either because the physician has held himself unavailable or has been otherwise uncooperative, then the attorney may subpoena the medical expert, and he is obligated to answer the subpoena as is any other citizen.

Section 6. Influencing Medical Testimony

It is improper for an attorney to seek to color or otherwise influence the professional opinion of a physician. The attorney may not use a medical expert in bargaining, with the implication that his testimony can be shaped to justify suggested settlement terms. Improperly presented medical testimony is almost always a bilateral product, and one which is professionally unworthy of both the physician and the attorney.

Section 7. Cross-Examination

No ethical attorney is justified in abusing, badgering, or browbeating any witness, including a physician, whether it be one he called or a witness for the other side. Such actions are beneath the dignity of the attorney, and are equally in violation of the dignity of the physician. Established rules of evidence give ample opportunity for testing the competence or credibility of a medical witness and make unnecessary and unjustifiable a resort to any of the above devices on the part of the cross-examining attorney. The same holds of examination of a physician who is in fact, or who is believed to be, unfriendly to a particular viewpoint and is therefore examined as a "hostile witness."

ARTICLE III
Interprofessional Responsibilities

Section 1. Conduct on the Witness Stand

The physician witness should never assume the role of the advocate or contender. Neither should counsel engage in examination of the physician as a friendly or hostile witness, but only as a provider of facts. The physician should show respect and consideration to the court and to the attorneys. The courts and the attorneys have a like obligation to the physician.

Section 2. Conflicting Medical Evidence

The problem of difference of opinion and diagnosis between medical experts is of concern to both attorneys and physicians. It must be remembered, however, that both medical science and law are inexact sciences and that honest differences can be held, not only in the interpretation of law, but also in the interpretation of symptoms and physical findings.

The attorney can reduce the area of misunderstanding from which conflicting testimony frequently comes, by careful preparation of his case with a particular purpose in having certain testimony offered. It is the duty of the physician, directed by the examining attorney, in the presentation of conflicting medical testimony, to so justify his answers as to explain the reasons for the differing opinions so far as possible. Areas of agreement should be explored by the examining attorney. The attorneys and the court should be made to understand that many diagnoses are limited by the subjectivity of the symptoms and may vary with the mental outlook of the patient; that the prognosis is dependent primarily upon the diagnosis, and may thus be expected to differ also in the opinions of the diagnosing physicians; that treatment may differ in alternative situations, in any one of which two or more methods of treatment may each be proper and equally successful; and finally that diagnosis and treatment must both be evaluated as of the time they occurred rather than in the light of a later day.

In the event that the court is requested to appoint a third disinterested physician to examine the litigant for the edification of the court in determining between the conflicting medical evidence, he should be furnished copies of conflicting reports, and in his examination and report take into account the tenets of the above paragraph. He should limit his report by the utmost in objectivity, and not in any way place himself in the position of taking sides with one physician or the other.

Section 3. The Committee for Medicolegal Review

It is agreed that a committee of six (6), to consist of three (3) attorneys and three (3) physicians, will be appointed by the respective presidents of the State Bar Association and the State Medical Association. These appointees, if required, will sit quarterly as a joint committee to review those court or ad-

ministrative agency cases in which medical testimony appeared to the court, or administrative agency, attorney or attorneys or to a physician or physicians to have been so contradictory or improper as to indicate conscious deviation from the truth. In a like manner they will review those cases called to their attention involving an attorney in which there is question of his exceeding propriety in his handling of medical witness, or in his efforts to introduce improper medical testimony.

The judge or attorney or accusing physician must submit in writing a brief statement to the committee, giving the name of the physician or attorney to be investigated, and also the names of the principals in the trial, in order that a transcript of that portion of a transcript which fairly and accurately presents the issues in dispute can be obtained.

That portion of a transcript which fairly and accurately presents the issues in dispute must be obtained and placed at the disposal of the committee. The expenses of the committee shall be budgeted in equal amount from the State Medical Association and the State Bar Association. To assist the committee, members of the State Medical Association in the various specialties, and eminent members of the bar must be willing to appear before the committee when requested to do so and express their opinion regarding the testimony in question. The medical testimony under scrutiny will not be confined to any particular type of legislation, nor to any particular court. It may include civil, criminal and personal injury cases, and all cases tried before the Industrial Board. The name of the accusing individual will be kept confidential by the committee.

The committee will have neither judicial nor disciplinary power. In those cases of mildly questionable character, the committee may deem it advisable to have one of its members discuss the problem with the accused. In cases of a flagrant character, a complete report, with the transcript, will be sent to the Board of Trustees of the State Medical Association, or to the State Bar Association for disciplinary action.

Section 4. Interprofessional Tolerance

Each profession has the duty to develop an enlightened and tolerant understanding of the other. Inasmuch as the aims of the two professions are parallel in their services to society, it is in the best interest of society that a spirit of cooperation and understanding be developed. In the furtherance of these aims, each must keep in mind the differences in the capacities and characteristics of the practitioners of both professions, and that while law and medicine may each be termed a science, each is an inexact science; and such inexactness is, and always will be accented by the human limitations of its practitioners.

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ABSTRACTS, BOOK REVIEWS

ALLERGY MANAGEMENT IN CLINICAL PRACTICE

L. Tuft, C. V. Mosby Company, St. Louis, 1973; $29.75.

ALLERGY MANAGEMENT IN CLINICAL PRACTICE is a single-author text by the clinical professor of medicine (emeritus) and former chief of the Allergy Clinic, Temple University Medical Center. The book opens with an excellent introductory chapter, followed by an intriguing essay on allergy in man. Of particular interest in this chapter is the comparison of animal anaphylaxis and human atopy. Likewise covered and presented in clear, short form are the effects of different allergens in determining clinical manifestations of human allergy and the comparison of natural, or atopic, and anaphylactic, or non-atopic, forms of allergy. The book then goes on to take the reader through the subject of diagnosis and principles of treatment. The next chapters deal with different types of allergy one by one. An appendix contains much information of great usefulness, such as a history outline, skin test list, allergen-free diets, and common food additives. The book is written in a clear, easy-to-read style. Numerous useful tabulations are included, as well as a limited number of excellent photographs. The quality of the paper is excellent and the hard cover binding unusually attractive. An excellent index permits quick reference to specific items. The book is priced at $29.75 and can be recommended without qualification for pediatricians, family physicians, internists, dermatologists, and others who see patients with allergic disease.

W. D. SNIVELY, JR., M.D.
Evansville

MACROMOLECULES AND BEHAVIOR

G. B. Ansell and P. B. Bradley, editors, University Park Press, Baltimore, 1973; 1971 symposium held at the University of Alabama to honor Professor Holger Hyden of Goteborg; 300 pages, numerous tables and illustrations; $19.50.

It is really interesting to note that, more and more, we are being treated to volumes that try to present what little is really known about the *Biochemistry* of learning and behavior. Just within the last couple years, you've seen "Biology of Memory," *JISMA* Jan. 1972, "Integrative Activity of the Brain," *JISMA* Sept. 1972, "Sleep and Wakefulness," *JISMA* Sept. 1972, "Handbook of Neurochemistry," Jan. 1973, etc.

In this particular symposium Prof. Hyden delivered no less than three eruidte lectures expatiating on his dissections of the neurones themselves and his probes into the chemical changes produced by the learning process. There is a relatively disjointed discussion (on page 164) anent RNA and the learning process. *If* learning produces changes in the RNA content of the neuronal nuclei—as well as the DNA ratio—then it follows that the new information was *already* coded in our own and our parents' DNA! To me, this is a reductio ad absurdum.

In any case, our research workers are trying and, ere long, we just may be coming up with intelligible answers. Well! Isn't that what science is all about? Of course, the printing paper and binding are excellent. The cloistered scholar will be perusing this volume for a long time to come. As to the practicing physician: that is a matter for dispute.

ARNOLD LIEBERMAN, M.D.
New York City

HORMONES: CHEMICAL COMMUNICATORS

R. Lewin, Anchor Press/Doubleday, Garden City, N.Y., 1973; soft cover, $1.95.

HORMONES: CHEMICAL COMMUNICATORS is an excellent small volume on the bloodborne messengers produced, for the most part, by the endocrine glands. The author has a Ph.D. in biochemistry and is life science editor of *New Scientist*. This small volume presents in clear terms the essentials concerning the body's hormones. Its approach is fresh, covering the need for communication, systems in the body, their integration, mode of action of hormones, and an intriguing chapter titled "Hormones, Past, Present and Future." The specific target audience is not easy to discern, but I would think this book would be of considerable interest to all physicians who wish a succinct review of the subject. This 110-page paperback sells for $1.95—at which price it is a bargain!

W. D. SNIVELY, JR., M.D.
Evansville

STRESS DISEASE: THE EMOTIONAL PLAGUE

Peter Blythe, St. Martin's Press, New York, 1973; $5.95.

STRESS DISEASE: THE EMOTIONAL PLAGUE by Peter Blythe, founder of England's Institute of Psychosomatic Therapy, deals for the most part with psychosomatic ailments. In emphasizing the importance of psychic stress in causing physical illness, the author presents strong and valid points. I believe he would have done better to use the term psychosomatic in the title of the book since "stress disease" can readily be confused with the diseases of maladaptation to stress so well described by Hans Selye.

The book has several obvious defects. It is poorly organized and jumps from one topic to another without any discernible system. The chapter "Mind Over Matter" taxes belief, as when plants manifested "frenzied anxiety" when brine shrimp were dropped into boiling water. The author describes such "therapies" as hypnotism, Reichian orgonomy, primal scream therapy, and biofeedback. He also examines Oriental methods of increasing tranquility. His comments concerning acupuncture pique the interest.

The book is not recommended for the average practitioner. The book has an attractive hard cover, an adequate index, and sells for $5.95.

W. D. SNIVELY, JR., M.D.
Evansville

LITHIUM: ITS ROLE IN PSYCHIATRIC RESEARCH AND TREATMENT

S. Gershon and B. Shopsin, editors, Plenum Press, New York, 1973; $19.50.

LITHIUM: ITS ROLE IN PSYCHIATRIC RESEARCH AND TREATMENT represents a scholarly, multi-author inquiry into the usefulness of lithium. The cluster of authors of the several chapters represents individuals deeply concerned with lithium. One of these, Nathan S. Kline—a name to con-

jure with in the field of psychopharmacology—comes out with what might be an authoritative statement: "This time it looks like lithium is here to stay in medicine and may well be a crucial element in unlocking the door to our understanding of affective disorders." The chapters of the book include a narrative account of lithium usage in psychiarty, the chemistry and biochemistry of lithium, seven chapters on the various aspects of the pharmacology of lithium, a chapter on the details of therapy with lithium, the use of lithium in various psychiatric disorders (chiefly mania and depression), and, finally, an overview.

The impression that I am left with after perusing this scholarly book is that lithium is of definite benefit in preventing recurring mania, and of somewhat less benefit in preventing recurrent depression, notably endogenous depression. The final chapter of the book has this to say: "If what some authors are claiming for lithium proves to be true, we have for the first time in the history of psychiatry a simple drug that controls a complex major mental illness." Two other statements are worth quoting: "The most dramatic results with lithium carbonate have been achieved in treating patients suffering from episodes of mania or hypomania." And further: "Although lithium cannot at present be called an effective antidepressant, there is evidence that some therapeutic action may exist for one or more of the depressive subtypes"

The bibliography is adequate and the index quite satisfactory. There are no illustrations. The book is hard cover, and the paper and print are of adequate, but not superlative, grade. The book, which sells for $19.50, is recommended only for those who desire detailed accounts of the various aspects of the pharmacology and clinical effectiveness of lithium. This group would presumably encompass, for the most part, phychiatrists.

W.D. SNIVELY, JR., M.D.
Evansville

MEDICAL GENETICS

By some 30 chapter authors; edited by Victor A. McKusick M.D. and Robert Claiborne (senior editor of "Hospital Practice"). HP Publishing Co., Inc., New York City; March 1973; 300 pages; six main sections; innumerable color plates, tables, charts and photographs.

This is a genuine magnum opus that reflects the true pedagogic skill and colossal erudition of Dr. McKusick, who is responsible for this monograph's final form. As I leafed my way through this volume I felt almost awed by the uncanny knack possessed by but few men to make the difficult seem clear and almost simple.

The printing and type are superb, making the color plates—each and every one of them—works of art as well as bench marks in teaching. The text accompanying this material is unsurpassable for clarity and crisp brevity. I would like to take (almost at random) such items as: 1) Discussion of the Philadelphia chromosome on page 13; 2) Dominant, recessive and sex-linked conditions as illustrated on pages 222-223, with the explanatory text; 3) Rh iso-immunization and the progress being made in treating this medically—but why go on?

Immediately and inevitably, this volume-so unassuming in outward appearance-becomes the standard reference work in its chosen field. Need more be said?

ARNOLD LIEBERMAN, M.D.
New York City

THE DEVELOPMENT OF RADIATION PROTECTION IN DIAGNOSTIC RADIOLOGY

CRC Press, Cleveland, 1973.

This publication is a short compilation of the history of radiation protection, useful to anyone who must answer questions concerning standards, and provides useful information on the background of development of safety rules and practice. The text is completely explanatory with 510 references for those who must go deeper into any problem.

Patient exposure rules and nomograms fit our equipment on a few cross checks with actual measurements.

This is the type of ready reference needed in each department as a guide to answer questions of fact, regulation and theory of practice of radiation protection. I know of no other text or publication that approaches this as a guide for effective authoritative control of radiation problems for the practicing radiologist.

JOSEPH L. MORTON, M.D.
Indianapolis

ASTHMA AND HAYFEVER AND OTHER ALLERGIC DISEASES FOR VICTIMS AND THEIR FAMILIES

Oscar Swineford, Jr., M.D., Charles C. Thomas, Publisher, Springfield, Ill., 1973; $10.75-cloth; $5.75-paper; 31 chapters; 173 pages.

This delightful little tome is printed in large, bold type. The language is on the pre-teener level. Concisely and precisely it accomplishes exactly what the author states as his

Continued



goal: to make this particular set of symptom complexes intelligible to the youngsters suffering with allergic diseases so that these children—and their parents—will be enabled to cooperate with their family physicians in the alleviation and (hopefully) eradication of the many unpleasant and downright crippling, unlovely manifestations of the multitudinous facets of these complaints called "Asthma."

The medical student and even the general M.D. could also benefit from even a cursory leafing through this booklet. The paper, binding and printing are good. The price is on the high side, but then: that is inflation!

ARNOLD LIEBERMAN, M.D.
New York City

Abstracts from Various Literature, Prepared by AMA

USE OF ESTROGENS AS POSTCOITAL CONTRACEPTIVE AGENTS

R. P. BLYE (Center for Population Research, National Institute of Child Health and Human Development, NIH, Bethesda, MD 20014)

Am. J. Obst. Gynecol. 116:1044-1050 (Aug. 1) 1973.

Sufficient evidence has accrued to indicate that daily administration of 50 mg diethylstilbestrol, 30 mg conjugated equine estrogens, or 5 mg ethinyl estradiol for five consecutive days is probably effective in preventing pregnancy if instituted within 72 hours of unprotected midcycle coital exposure.

PROGNOSIS OF CHRONIC LYMPHATIC LEUKEMIA

A. Bernadou et al. (Hôtel-Dieu, Paris)

Ann. Med. Interne 124:549-560 (Aug.-Sept.) 1973.

Of 54 patients with chronic lymphatic leukemia, 29 were short- and 25 long-term survivors. Five laboratory criteria, noted at the start of the disease, were of poor prognosis, i.e., hyperlymphocytosis greater than 60,000/cu mm, lymphoid infiltration of the bone marrow, peripheral pancytopenia, a positive Coombs test, and hypogammaglobulinemia on protein electrophoresis. Two other characteristics had the same significance: lack of response to specific treatment and onset of severe infectious or relapsing complications. Neither the volume nor the number of involved lymph nodes, nor splenomegaly, nor the morphological aspect of the blood or marrow lymphocytes had any prognostic value. When more than three criteria are met, the disease is likely to progress rapidly.

CARDIAC ARREST DUE TO HYPERKALEMIA FOLLOWING INTRAVENOUS PENICILLIN ADMINISTRATION

C. W. Mercer and J. R. Logic (951 Court Ave., Memphis 38103)

Chest 64:358-359 (Sept.) 1973.

Two episodes of cardiopulmonary arrest occurred after the rapid intravenous administration of potassium penicillin G in a 60-year-old black woman with streptococcal endocarditis and sepsis. Asystole, ventricular fibrillation, and atrioventricular block suggested a positive relationship of these abnormalities to the rapid change in concentration of serum potassium produced by the injections. The fact that 1×10^6 units of potassium penicillin G contain 1.7 mEq K+ suggests that caution should be employed in the rapid intravenous administration of this antibiotic even in patients with normal serum electrolyte levels and a normal electrocardiogram.

KETAMINE FOR TREATMENT OF HICCUPS DURING AND FOLLOWING ANESTHESIA

T. R. Shantha (Georgia Baptist Hosp., Atlanta 30312)

Anesth. Analg. 52:822-826 (Sept.-Oct.) 1973.

Ketamine, an injectable anesthetic, has been used successfully to control hiccup intraoperatively and in the recovery room. The required dose in most patients was 0.4 mg/kg body weight, given intravenously. The mode of action of ketamine in controlling hiccup is not known. It is assumed that ketamine controls the hiccup by acting both centrally as well as at the spinal cord level.

ENDOTRACHEAL INTUBATION: NEW BLADE FOR DIRECT LARYNGOSCOPY

O. C. Phillips (143 Jefferson Drive, Pittsburgh 15228) and R. L. Duerkson

Anesth. Analg. 52:691-698 (Sept.-Oct.) 1973.

A laryngoscope blade that would permit visualization of the larynx and intubation of the trachea in the most difficult cases and for the widest spectrum of patients has been developed. The present design combines the curved tip of the Miller and shaft of the Jackson blade, thus affording good visualization of the glottis and an adequate conduit for passage of the tube. This new blade was used in 10,038 (87%) of 11,195 consecutive endotracheal intubations, the patients ranging in age from 6 weeks to adulthood. Multiple attempts were necessary in 16% of the patients with this blade, compared to 22% with the Miller and 28% with the MacIntosh blade. A stylet was used in 17% of the patients, compared to 41% with the Miller and 66% with the MacIntosh.

IS CARDIAC REHABILITATION REALLY NECESSARY

R. Mc. Thockloth et al. (139 Bay Rd, Arcadia, New South Wales, Australia)

Med. J. Aust. 2:669-674 (Oct. 6) 1973.

Fifty patients admitted to hospital with acute myocardial infarction were given a planned rehabilitation program and were compared with 50 control patients with myocardial infarction. Approximately equal numbers of both groups ultimately returned to work, but there was a statistically significant difference in the time of return to work between the two groups. Patients on rehabilitation programs returned to work earlier and in addition they had an improved sense of well-being.

The President's Page

OFFICE OF THE GOVERNOR
Indianapolis, Indiana 46204

OTIS R. BOWEN, M.D.
GOVERNOR

December 11, 1973

Dr. Joe Dukes, President
ISMA
3935 N. Meridian St.
Indianapolis, IN

Dear Joe:

Beth and I are so grateful to you and all of the members of the AMA delegation for the courtesies extended to us in our recent stay at Anaheim, California during the AMA convention.

As I stated in my message, I felt inadequate but nevertheless very grateful for the honor of receiving the Benjamin Rush Award. I know that it would have been impossible without the assistance of the ISMA. I am proceeding with my plan of using the $5,000 monetary award for the beginning of an interest-free loan fund for medical students who will eventually serve in communities where they are needed the most. Please express my thanks to all the trustees and all others who had any part in the presentation of the award.

Kindest personal regards,
OTIS R. BOWEN, M.D.
Governor

cc: Mr. James Waggener
Executive Secretary, ISMA

and now there are four

Two new insurance plans have been added to broaden the range of ISMA sponsored plans. An Overhead Expense Plan and a Cash Value Life Insurance Plan brings the total number of supplemental insurance plans to four that are available to member physicians and professional corporations.



new

OVERHEAD EXPENSE PLAN provides needed dollars to help you pay off overhead expenses (employees' salaries, rent, utilities, property taxes, etc.) in the event of your disability. When disability strikes—your business overhead expenses keep right on going—even when you can't.

new

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INCOME PROTECTION PLAN provides an income of up to $1,500 a month if you are disabled and unable to work due to an accident or illness.

FAMILY LIFE INSURANCE PLAN provides benefits up to $50,000 in the event of your death.

ALL PLANS are also available for professional corporations.

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FUTURE MEETINGS, SEMINARS, COURSES

International Medical Assembly Slated to Meet in San Antonio

The 38th International Medical Assembly of Southwest Texas will meet at the El Tropicano Motor Hotel in San Antonio on February 28 and March 1. Clinical presentations will be keyed to the latest developments and advancements. Plans include social functions for the wives and physicians. Write S. E. Cockrell, Jr., 202 W. French Place, San Antonio 78212.

Set World Symposium on Acupuncture

The Second World Symposium on Acupuncture and Chinese Medicine will be held in San Francisco on March 8 to 11. For full details write The American Journal of Chinese Medicine, P.O. Box 555, Garden City, New York 11530.

Eye and Ear Infirmary Sets Course In Laryngology and Bronchoesophagology

The Department of Otolaryngology, Abraham Lincoln School of Medicine of the University of Illinois and the Eye and Ear Infirmary of the University of Illinois Hospital, will conduct a continuing education course in Laryngology and Bronchoesophagology March 18 to 23, 1974. The course is limited to 20 physicians and will be under the direction of Paul H. Holinger, M.D. It will be held largely at the Eye and Ear Infirmary, 1855 West Taylor Street, Chicago, and will include visits to a number of other Chicago hospitals. Instruction will be provided by means of animal demonstrations and practice in bronchoscopy and esophagoscopy, diagnostic and surgical clinics, as well as didactic lectures.

Interested physicians will please write directly to the Department of Otolaryngology, Eye and Ear Infirmary, 1855 West Taylor Street, Chicago 60612.

ACEP Symposium and Winter Workshop Set for March 19-22 in New Orleans

The Symposium and Winter Workshop of the American College of Emergency Physicians will be held in New Orleans March 19 to 22. The purpose of the Symposium is to provide an overview of the environment within which emergency medicine is being practiced. Fees for the two-day meeting are $100 for members and $125 for non-members. Address the College at 241 E. Saginaw, East Lansing, Mich. 48823.

ACS Announces Trauma Seminars

The American College of Surgeons Committee on Trauma announces a series of seminars on "Life-Saving Measures for the Critically Injured." The schedule includes March 27 to 30 at Tampa, Florida; April 16 to 19 at Washington, D.C.; May 8 to 11 at Cincinnati; June 17 to 21 at New Haven, Conn.; September 11 to 14 at Los Angeles and September 18 to 21 at Chicago. The registration fee for the seminar is $75, which includes three luncheons, a reception and a copy of the book "Early Care of the Injured Patient." Registration is limited to 350. The seminar is approved by the AMA for credit toward Physician's Recognition Award, by the American College of Emergency Physicians for continuing education credit for members, and by the American Academy of Family Physicians for 17 credit hours. It is oriented especially for the instruction of general physicians. Address inquiries to Trauma Division, ACS, 55 E. Erie St., Chicago 60611.

Symposium on Polytomography Of Temporal Bone Announced

The 9th day two-day Symposium on Polytomography of the Temporal Bone will be given under the auspices of The Wright Institute of Otology at Community Hospital, Indianapolis, on May 4 and 5.

Subjects covered are: "Basic Anatomy of the Temporal Bone" and "Technique of Polytomography of the Temporal Bone" with demonstrations of normal tomograms. Pathological conditions revealed by polytomography, such as cholesteatoma, ossicular chain problems, otosclerosis, fractures, foreign bodies, tumors and congenital anomalies are shown on original tomograms and the clinical applications discussed.

Number of registrants is limited to 18. Fee for the course is $150.

Inquiries should be directed to: The Wright Institute of Otology, Inc., Community Hospital of Indianapolis, Inc., 1500 North Ritter Avenue, Indianapolis 46219.

Neonatal Pediatrics Symposium Set

On April 17-18, 1974 the Department of Medical Education at Methodist Hospital, Indianapolis will host its Second Annual Newborn Symposium, "Major Dilemmas in Neonatal Pediatrics". Guest faculty will include Dr. Mildred Stahlman, Vanderbilt University, Dr. Samuel Fomon, University of Iowa and Dr. L. Stanley James, Columbia University College of Physicians and Surgeons, Chairman, Committee on Fetus and Newborn, American Academy of Pediatrics.

Problems to be discussed at this Symposium will include dilemmas in delivery room resuscitation, the ethical and medical dilemmas posed by long-term ventilator care, the relationship between current infant feeding practices and atherosclerotic cardiovascular disease in later life, controversies in nutritional needs of low-birth-weight infants, and a critical re-examination of routine neonatal circumcision. In addition to these larger issues, there will be a special afternoon session on simple practical techniques in the care of the critically ill infant.

For further information write Richard S. Baum, M.D., Director, Neonatal Pediatrics, Methodist Hospital, 1604 N. Capitol, Indianapolis, Indiana 46202.

Sight-Saving Conference Planned

The Indiana Society for the Prevention of Blindness has scheduled a Sight-Saving Conference for March 27 at the Sheraton Motor Inn, Indianapolis.

Regional Institute Planned by ORT

The Association of Operating Room Technicians will hold a Regional Institute May 4 and 5, 1974, at the Atkinson Hotel, Indianapolis.

Louisville U. Schedules Symposium

The 10th Annual Postgraduate Symposium on Rheumatic Diseases will be held on Thursday, May 9, 1974, in the auditorium of the Health Science Center, University of Louisville School of Medicine.

For further information write David H. Neustedt, M.D., Chief, Section on Rheumatic Diseases, University of Louisville School of Medicine, 101 W. Chestnut St., Louisville, KY 40202.

Set Nursing Conference at Honolulu

The University of Hawaii School of Nursing Continuing Education announces the convening of "An Adventure in Transcultural Communication," June 17-21, 1974, in Honolulu, Hawaii, immediately following the American Nursing Association Convention in San Francisco.

For further details and application form, contact: Continuing Education Coordinator, University of Hawaii School of Nursing, 2528 The Mall, Honolulu, Hawaii 96822.

Indiana Chapter, ACEP, Announces "Indy 500" Scientific Conference

The Indiana Chapter of the American College of Emergency Physicians announces its "Indy 500" Spring Scientific Conference for May 9-11 at the Airport Holiday Inn, Indianapolis.

For further information, contact H. C. Bock, M.D., 3840 Knollton Road, Indianapolis 46208.

Alcoholism Conference at Denver

The Annual Conference of the National Council on Alcoholism will be held at the Denver Hilton Hotel April 28 to May 3. For program and other details write Mrs. Ann Milata, National Council on Alcoholism, 2 Park Ave., New York City 10016.

Peptic Ulcer Disease to Be Subject of Postgrad Course

The American Gastroenterological Association announces a postgraduate course on "Peptic Ulcer Disease" which will be conducted at the San Francisco Hilton Hotel on May 19 and 20. Tuition for guests will be $125, for AGA members $100 and for qualified residents $50. Advance registration is required, deadline April 30. Write to AGA Postgraduate Course, 6900 Grove Road, Thorofare, New Jersey 08086.



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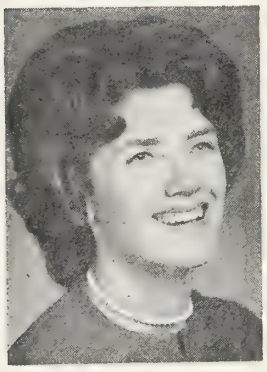
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The Woman's Auxiliary Reports to ISMA

"The Case for American Medicine," a book by Harry Schwartz, newsman and author, is "a realistic look at our health care system." Knowing that our busy physician husbands have little time for reading outside medical journals and also knowing that this book, published by David McKay, New York, is hard to find in bookstores, I would like to give a rundown on its main points.



In his "Devil's Dictionary," Ambrose Bierce defined a physician as "one upon whom we set our hopes when ill and our dogs when well." The definition is still apt today, especially when we apply it to the total American medical system and not merely to physicians. Mr. Schwartz also points out in his introduction to this book that American medicine is at the height of its capability, providing more—and more effective—help to a larger number of people than ever before with new standards of excellence in every field, yet never before has there been such a ferocious attack on American medicine as in recent years. The notion of health care as a right that should be freely available in unlimited amounts makes sense only if one assumes society has infinite resources. It's hard for people to understand that a very large fraction of the services provided by doctors each year has much more to do with comfort, convenience and reassurance than with saving lives. In fact, more often the physicians are dealing with the "worried well" than with the "deathly ill" patient.

Mr. Schwartz' chapter titled "What Health Crisis?" deals with statements made in news media which have misled readers and listeners and put medicine in a defensive position. There has been enormous progress in improving the health of American people since 1950. More babies than ever before survive the dangerous first year of life and unprecedented numbers of Americans are now living to their 70s, 80s, 90s and beyond. In fact, these gains have created present concerns about over-population and the ecological threat involved therein. The decline in infant mortality and other forms of premature death has produced today's movement toward zero population growth, legalized abortion and even euthanasia. T.B., polio, small pox, diphtheria and even measles are almost things of the past, and better health standards are accepted as normal by everyone. The affluence of American society has made possible adequate nutrition and housing for most of the population. This same affluence has created problems in the form of automobile accident deaths, heart attack victims, deaths from alcoholism and many others, but the medical profession can't be blamed for these features of modern civiliation anymore than for homicides, suicides, death from narcotics addiction and war casualties which have accounted for such a large fraction of American deaths in the 18-40 year age bracket this past decade. In a health crisis one assumes there is a lack of good health or progress. In 1930 the average American baby lived almost 60 years; now he lives over 70. In 1967 a non-white baby girl lived 19 years longer than she did in 1930, a 40% gain; and a non-white boy lived 14 years longer. In 1930 almost 65 of every 1000 babies died before age one; today only 18 will not survive. Mr. Schwartz points out there is little correlation between infant mortality and availability of physicians. (The 12 states with the lowest infant death rate also have the lowest physician-patient ratio.) Perhaps the public's feeling that there is a crisis comes from their "rising expectations"; people take for granted the miracle of modern medicine, the huge progress of past and present, and wonder why anyone should get sick or die. What they forget is that all humans are mortal and medicine can only hope to prolong life for some finite period. To prolong health and longevity further, the primary need is for more knowledge to cure presently incurable diseases, for lifestyles and patterns that will prevent self-inflicted injuries and deaths that are now so prevalent, and for radical improvements in the living conditions of the most deprived groups of Americans.

Is there a doctor shortage? Mr. Schwartz' third chapter would indicate otherwise. Cries of "50,-000 doctors are needed at once" have been ringing in our ears since the mid-1960s. With the doctor population increasing at three times that of the general population, that figure had been filled by 1971 and by the late 1970s we will have produced 100,000 more doctors but cries will probably still be heard of a great shortage. The current ratio overall is 600 patients per doctor in the United States. The number of entering freshmen medical students rose 40% between 1965-71 and 3500 more seniors were graduated in 1972 than in 1950. In addition, foreign medical graduates have increased to 18% of the physician population, or 62,214. In 1971 almost one third of the 53,000 interns and residents in the U.S. were graduates of foreign medical schools. Mr. Schwartz gives some interest-

ing statistics on the examinations and performance of foreign medical graduates. What doctor shortage? The problem seems to be one of distribution, geographically and in the different specialties. In some instances there is a patient shortage where there is high concentration of certain specialties in some urban areas. Physicians consider many things when deciding where to practice and just the need for a doctor isn't always first. It must be realized too that physicians are not mutually interchangeable. An open heart surgery requires a cardiac surgeon; not a psychiatrist. The medical schools of the U.S., because of their emphasis on scientific medicine and research to increase medical knowledge, have been dominated by specialists. These men become career models to students and the trend in recent years has been for a rapid increase in specialists and subspecialists, so there is a great shortage of primary care physicians. The AMA Placement Bureau has five times as many surgeons registered with them as they have places to fill and only half as many general practitioners as are requested. Mr. Schwartz suggests five approaches to the shortage problem but warns that if we get a doctor surplus, a whole new set of problems could develop.

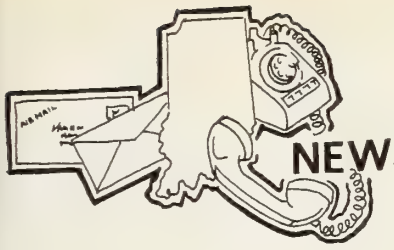
Costs of medical care increased drastically from 1965 to 1971. Health related spending in that period for the nation as a whole jumped 80%, chief item being government spending in this field (nearly tripled). Medicare and Medicaid in 1971 accounted for $14.5 billion—more than the nation's entire medical spending in 1950. Costs have far exceeded original forecasts in both programs and great cries of anguish have been heard from angry Congressmen who have to face the fiscal and tax consequences. Mr. Schwartz points out that now government seeks to impose upon health care professionals the strictest controls placed on any element of the American economy, and the price freeze and controls are examined in detail pointing out flagrant acts of discrimination by the Price Commission. Mr. Nixon's economic policy of late 1971 brought an end to the medical cost explosion but his solution is debatable. In the past an appreciable amount of medical care was delivered free of charge to the recipient either because doctors donated their services or philanthropic individuals and groups paid the cost involved. Not so today, says Mr. Schwartz. Private philanthropy pays only 1.5% of national health expenditures. Medicare and Medicaid reduced the need for physicians to donate their services but they did not eliminate this philanthropy. Some still work without pay. In 1950, direct payment accounted for 68.3% of all personal health care expenditures. In 1965, just before Medicare and Medicaid, 52.5%, (private health insurance companies had come along). In 1971 third party payers were covering 63% of the bills, almost a reversal of the 1950 figure, and costs had skyrocketed. Mr. Schwartz examines in this chapter results of the implementation of Medicare and Medicaid, their uses and abuses and why such bad forecasts were made regarding the operation and cost. At this time the most important legislation before the nation may well have to do with a national health insurance program of some kind. "The HMO Illusion" is no illusion and both Senator Kennedy and President Nixon back the concept though they differ radically about what it should be and do. Mr. Schwartz has a very enlightening and informative chapter on these prepaid group practice theories; how they operate and how those already in existence have fared. There are different plans in different areas of the country and those officials already involved in prepaid group practice are much less starry-eyed than the propagandists who have had no practical experience in this field. Proponents of HMOs seem to lump together apples and oranges, treating medical and social problems as the same thing. The chapter deals with the pros and cons.

In the latter part of the book there are some interesting comparisons with health care abroad, so often touted as wonderful by those who would have total nationalization of health care in our country, and one has little doubt that it is not nearly the Utopia we hear about. Among some American physicians today there is an attitude of resentment and pessimism about the future; "Whatever we do, it's wrong. We can't win." Mr. Schwartz discusses the current health legislation, points out the necessity of increasing the choices of both health care providers and those who need their help. He says, "the American Medical system—pluralistic, complex and ever changing—has served the American people well. It can continue to do so . . . Those who would collectivize American Medicine to satisfy their ideological preferences would have cause to regret the results when they themselves required medical care for serious illness."

This is certainly just touching the surface of Mr. Schwartz' book, but I hope many of you will have an opportunity to read it. Contact us in Auxiliary and we'll try to get it for you.

Pat Stogsdill

President Woman's Auxiliary to ISMA



NEWS NOTES

New Ad Campaign Announced by PMA

The Pharmaceutical Manufacturers Association has announced an advertising campaign to highlight the industry's accomplishments in maintaining and improving human health. The first message is now running in 10 major monthly and weekly magazines. It is titled "The Cost of Living Is Going Down" and tells the story of declining prices for prescription drugs while the general price index continues to climb. The second message will feature the National High Blood Pressure Educational message to encourage all Americans to have blood pressure checked periodically. The achievements in drug discovery and therapy will be the theme of the third consumer ad. PMA continues to run its professional advertising program in state journals. This program is supported by many commercial medical publications that donate the space and charge for production costs only.

Telephone Consultation Service To Be Available to Dermatologists

The American Academy of Dermatology will conduct, starting in June 1974, a telephone consultation service for dermatologists. A total of 64 consultants have volunteered to receive long distance calls during specified periods each week. A roster of consultants will list phone numbers and hours of availability. The service will be limited to skin disease specialists at first but may be expanded to include medical specialists later if the program functions successfully.

Public Affairs Pamphlet Discusses Pros and Cons on "Health" Foods

Public Affairs Pamphlet No. 498 discusses "Health Foods: Facts and Fakes." It is by Sidney Margolius and is excerpted from his book with the same title. The field is full of myths, unnecessary additives, over-promotion, harmful notions, as well as many rational and helpful elements. Margolius sorts out the jumble. Available at 35 cents from Public Affairs Committee, 381 Park Avenue South, New York City 10016.

Heart Attack Booklet Published by Kemper Co.

Many heart attacks caused by Coronary Heart Disease are preventable. Kemper Insurance has published a booklet "Heart Attack" to tell patients how to minimize the effects and development of coronary heart disease. The illustrated text was prepared by Northwestern Memorial Hospital of Chicago. Free copies may be obtained by sending a postcard with name and address to: Heart Attack, Kemper Insurance, D-1, Long Grove, Illinois 60049.

Project HOPE Plans New Mission

The S.S. HOPE has returned from its 11th voyage, having just concluded its most successful teaching program at Maceio, Brazil. Project Hope is now planning to establish an educational and service mission in Eritrea, a province of Ethiopia, by taking over the operation of a military hospital which is being vacated by the American military.

Frank Fisher Heads Association

Frank E. Fisher, director of the Bureau of Food and Drugs, Indiana State Board of Health, was recently elected president of the Association of Food and Drug Officials of the United States. Mr. Fisher has been with the State Board since 1937 and has headed the bureau since 1968.

Fire Protection Booklets Offered

The National Fire Protection Association announces these new booklets: "Safety Standard for Laboratories in Health Related Institutions," price $1, and "Standard for Essential Electrical Systems for Health Care Facilities," price $1.25. "Standard for Respiratory Therapy" is priced at $1. "Manual for the Home Use of Respiratory Therapy" is $1, and "Standard for the Use of Inhalation Anesthetics (Flammable and Nonflammable)" is $2.

"Standard for the Installation of Equipment for the Removal of Smoke and Grease-Laden Vapors from Commercial Cooking Equipment" at $1, and "Standard for Bulk Oxygen Systems at Consumer Sites" for $1. The address is 470 Atlantic Ave., Boston 12210.

Dr. Marc Musser Reappointed

Dr. Marc J. Musser has been reappointed as Chief Medical Director of the Veterans Administration. He was originally named to this position in 1970.



FORMER presidents of the LaPorte County Medical Society receiving plaques commemorating their term of service from Dr. Rodney Mannion (second from left) are: Dr. R.W. Kepler, LaPorte, Dr. J.T. Kemp, Michigan City, and Dr. Robert Kelsey, Sr., now of Costa Mesa, Calif.

Others receiving plaques at the annual Christmas party were: Drs. J.C. Richter, C.E. Muhleman, F.S. Carter, G.P. Backer and E.C. Mueller, all of LaPorte; also Drs. M.L. Bankoff, John Kerrigan and John Luce, of Michigan City.

Also to receive plaques but not present at the party are these past presidents: Drs. Robert Wilcox, R.A. Fargher, Louis Moosey, D.G. Bernoske, A.C. Predd, R.L. Kerrigan, T.C. Armstrong and M.D. Gardner.

Continued

New Hospital Staff Officers Announced

New medical staff officers have been announced at a number of Indiana hospitals, as follows:

Parkview Memorial, Fort Wayne—Dr. Lewis W. Knight, president; Dr. Marvin E. Priddy, president-elect; and Dr. Roger C. Smith, secretary-treasurer. Dr. Nevin E. Aiken is immediate past president; he will serve as chairman of the medical staff executive committee.

Bloomington Hospital—Dr. Glen D. Ley, chief of staff; Dr. Charles McKeen, chief-elect; Dr. Courtney Seagle, chief of surgery; Dr. William Anderson, chief of obstetrics-gynecology-pediatrics; Dr. George Lewis, chief of medicine; Dr. Larry Ratts, secretary-treasurer.

Witham Hospital, Lebanon—Dr. Thomas Dillon, chief of staff; Dr. Paul Honan, vice chief of staff; Dr. Edwin Gregg, secretary-treasurer; Dr. Dillon, Dr. Honan, Dr. Gregg, Dr. Fuak Mukhtar, Dr. Don Boyer, and Dr. William Anshutz, will comprise the executive committee.

St. Mary's, Evansville—Dr. Raymond W. Nicholson, president; Dr. Julian D. Present, vice president, and Dr. I. L. Heimburger, secretary-treasurer. Elected as chiefs of the hospital's five major clinical services were Dr. Donald V. Elshoff, medicine; Dr. J. Ronald Waddell, surgery; Dr. Joseph E. Coleman, pediatrics; Dr. Walter B. Hassel, ob-gyn, and Dr. E. DeVerre Gourieux, family practice.

Margaret Mary Community, Batesville—Dr. Manuel G. Garcia, president; Dr. A. A. Daftary, vice president; Dr. Jordi Gaton, secretary.

Mercy Hospital, Gary—Dr. Robert L. Young, president; Dr. Alexander S. Williams, president-elect; Dr. Luis Melo, secretary; Dr. John King, treasurer; Drs. J. E. Pruitt and G. J. Volan, staff representatives.

Memorial, Michigan City—Dr. Leonard G. Paul, president; Dr. Windham Bremer, president-elect; Dr. Maurice Miller, secretary-treasurer. In addition to the three newly elected officers, the following were named to the executive committee: Drs. Reuben C. Balinao, Stephen E. Kroczek, and Bienvenido Ticsay. Dr. Raymond D. O'Brien, immediate past president; is also a member of the executive committee. Departmental chairman of the medical staff standing committees will be: Dr. Albert E. Weiss, medicine; Dr. Ticsay, surgery; Dr. John W. Luce, ob-gyn.

Methodist, Indianapolis—Dr. Hugh K. Thatcher, Jr., president; Dr. Donald L. Rogers, vice president; Dr. Daniel Newman, secretary-treasurer. Dr. Warren E. Coggeshall, immediate past president, will serve on the joint liaison committee with the hospital board of trustees. Other committee members are Drs. John H. O. Mertz and Louis W. Nie.

Perry County Memorial, Tell City—Dr. L. C. Lohoff, president; Dr. Hargis Bush, vice president; Dr. N. L. Neifert, secretary.

St. Francis, Beech Grove (Indianapolis area)—Dr. Richard L. Need, president; Dr. John D. MacDougall, vice president and president-elect; Dr. Dennis J. Nicholas, secretary-treasurer.

St. Joseph's, Fort Wayne—Dr. Jerald L. Andrew, president; Dr. Jack Patterson, president-elect; Dr. Fouad Halaby, secretary-treasurer.

Bethesda to Be Site of First Medic University

WASHINGTON — A site on the grounds of the nearby National Naval Medical Center in Bethesda, Md., has been selected as the home of the new Uniformed Services University of the Health Sciences.

Facilities for the university will be included in the $300 million package for construction of a new naval hospital on the Bethesda site.

When it begins operating at capacity, the university will have 1200 students and expects to graduate 300 each year, according to Vernon McKenzie, Deputy Assistant Secretary of Defense for Health, Resources and Programs.

The university will first open a first-year medical program to help combat the nation's doctor shortage and then add other health disciplines later.

The Naval Hospital at Bethesda will be one of three military hospitals in the area where medical students can gain clinical experience. The students also will use Walter Reed Army Hospital and Malcolm Grow Air Force Hospital at Andrews AFB.

A president for the university is expected to be selected in a few months. Six to eight key faculty members will be chosen to help prepare the basic curriculum.

The basic sciences will be taught chiefly by civilians, while the basic clinical experience will be supervised by the military. The faculty will have about a 60-40 percent ratio of military to civilian instructors.

University students will be commissioned officers, second lieutenants in the Army and Air Force and ensigns in the Navy. Graduates will be required to serve on active duty for at least seven years.—*Army Times*, Dec. 19, 1973.

Attend World Eye Surgeon Congress

Drs. Francis and Camille Parker, Logansport, attended the Second World Congress of the Society of Eye Surgeons in Athens, Greece, recently. The Parkers are charter members of the International Eye Foundation, of which the Society of Eye Surgeons is the medical arm. Prevention and cure of blindness worldwide is the aim of the Foundation.

Assists with Groundbreaking

Dr. George Haymond, Warsaw, represented the Kosciusko County Medical Society at groundbreaking ceremonies recently for the county's new $6.5 million, 113-bed Kosciusko Community Hospital northeast of Warsaw.

Beggs Named Chief of Surgery

The board of directors of the Jennings Community Hospital has announced that **Dr. Lowell F. Beggs, Columbus,** has accepted their request to become the chief of surgery of the new hospital. He will maintain his Columbus residence and office.

W. D. Gatch, M.D.

A resume of the life of W. D. Gatch is being compiled for historical purposes. Acquaintances and former associates of Dr. Gatch are invited to write to Malcolm Herring, M.D., 1000 Walnut St., Apt. 501, Philadelphia, Pa., 19107, to inform him of anecdotes and reminiscences suitable for recording.

Kellogg Foundation Makes Grant To Further PG Nursing Education

The W. K. Kellogg Foundation of Battle Creek, Mich., has warded a three-year grant of $373,781 for the Indiana State-ide Plan for Continuing Education in Nursing.

The Indiana Plan and the Kellogg grant will establish quality ursing education programs which will provide Hoosier nurses ith easy access to continuing education in new developments nd advances in their profession.

The Kellogg grant will be administered through the Indiana niversity Foundation and the Indiana University School of Nursing, with headquarters at the Indiana University School f Nursing. The board of directors for the Indiana Plan has he responsibility for its implementation.

At the close of the grant period, the project activities will e coordinated by the Indiana State Nurses' Association.

The statewide plan provides for the establishment of 10 egional centers for continuing education in nursing, sponsored y colleges and universities in regions of Indiana.

Dr. Wells to Succeed Dr. Weston

Benjamin B. Wells, M.D., recently Deputy Chief Medical Director for the Veterans Administration, is now Vice-President (Medical Relations) of the National Pharmaceutical Council. Jean Weston, M.D., who retired from this assignment, will devote his entire time to Weston Research Laboratories of Purcellville, Va., of which he is president and chief consultant.

Gifts to Foundation Invited

Senior members of ISMA are excused from paying dues. Those who are impressed with the dilemma of what to do with this much money are invited to consider contributing it to the Indiana Medical Foundation for the purpose of enlarging the Foundation funds, the income from which is devoted to improvement and publication of THE JOURNAL. All contributions to the Foundation are tax deductible. Senior members and all other members are urged to contribute to Indiana Medical Foundation for the benefit of THE JOURNAL.

AAMA Offers New Specialty Examination

The American Association of Medical Assistants will offer an examination in a new pediatric classification. Cooperation of the American Academy of Pediatrics has made it possible to initiate the new specialty exam which is given in addition to the general certification examination. Future cooperation with other specialty societies is planned by the AAMA Certifying Board.

Accreditation Booklets Offered

The Joint Commission on Accreditation of Hospitals has published three new consumer-oriented brochures to explain accreditation. Titles are: "An Accredited Hospital," "An Accredited Long Term Care Facility," and "An Accredited Psychiatric Facility." Single copies are available without charge by writing the Commission at 875 N. Michigan Ave., Chicago 60611. Quantities are available at institutional rates for distribution to patients and the general public.



Dr. J. William McBride (left), president of the Porter County Medical Society, looks on as Dr. Joseph P. Griffin presents plaques to Drs. Paul C. F. Vietzke, Carl M. Davis and John R. Frank, in recognition of "lifelong dedication and devotion to . . . patients and the practice of medicine." Their careers, along with that of Dr. Joseph L. Gordon, who was unable to be present, totaled 194 years, 169 of which were in the Porter County area.

News from City, County Health Units

Dr. Lowell J. Durham, LaPorte, was recently elected secretary of the LaPorte County Board of Health.

Dr. Fred Haggerty, Greencastle, has been appointed to the Putnam County health board.

Dr. Robert W. Kohne, Lafayette, has been named city health officer.

Filipino Group Holds Installation

Dr. Luis Advincula, Brazil, was installed as president of the Filipino Medical Association of Indiana at a meeting in Indianapolis recently.

Others taking office were: **Drs. Filemon Lopez, Dyer,** Miguel Dizon, Indianapolis, Alejandro Tontaoe, Evansville, vice presidents, and **Dr. Mario Veluz, Portage,** general secretary.

Dr. Yunker Goes to Kenya

Dr. Phillip Yunker, Howe, has gone with his wife to Kenya, East Africa, and will work at the Presbyterian Hospital at Kikuyu for three years. Mrs. Yunker will teach.

Heads Tulane University Fund Drive

Dr. James N. Hampton, Argos, has been named the 1973 Tulane fund chairman for the South Bend area. He is a 1955 graduate of the Tulane School of Medicine.

HEW Grants $500,000 for Study

A three-year study will be conducted by the Kaiser-Permanente Medical Care Program in Southern California to determine methods of measuring the quality of care in any type of medical practice in any part of the country. The study will be financed by a $500,000 grant from HEW.

Physicians Announce Retirement

The Journal has learned of the retirement of a number of Hoosier physicians recently.

Dr. Joseph A. Carbone, Gary, founder of the Ross Clinic, has retired from the practice of medicine and will make his retirement home in North Carolina. He began his practice in Gary in 1941 and 10 years ago founded the Ross Clinic in Merrillville.

Dr. Robert B. Sanderson, South Bend, who has been a medical doctor for 45 years, retired December 15. However, he will continue to serve as medical director at the Cardinal Nursing Home and of the chronic disease department of Healthwin Hospital.

Dr. E. W. Williams, Columbus, has retired after 42 years of medical practice in Columbus. He and Mrs. Williams were honored recently with a dinner at the Bartholomew County Hospital, and he was presented with a plaque honoring him for his devotion to the hospital.

Dr. John F. Mills, Roann, who retired recently, is credited with having given more than 20,000 anesthetics at the Wabash County Hospital since he commenced that service in 1946.

Dr. Merle E. Whitlock, Mishawaka surgeon since 1934, retired in December. He is a Senior Member of the Indiana State Medical Association, and he tells of a visit to the Mishawaka Physicians Club in the winter of 1933: "The congenial relationships among physicians in Mishawaka deeply impressed me." It was this spirit of cooperation he found that helped him decide to settle in Mishawaka, he said.

December 19 was the date set by **Dr. Josephine F. Murphy, South Bend,** after 37 years of practice. Over the years she estimates she has delivered about 6,000 babies, including 50 sets of twins and two sets of triplets. She was graduated from the Indiana University School of Medicine in 1936.

Davis Wins Highest Award

The Stanley R. Mauck Plaque, given annually to the individual who has contributed most in professionalism to the Medical-Dental-Hospital Bureau Association and to the medical economics profession, was presented to Harry C. Davis, executive secretary of the St. Joseph County Medical Society for the past 33 years, at the MDHBA annual meeting at Vancouver recently.

Medical Students Awarded Certificates

Two medical students, one a senior, and one a junior, were awarded $100 certificates at the annual Christmas party held by the Indiana Society of Medical Service Representatives, as has been the society's custom for a number of years.

Ayerst Offers New Film

Ayerst Laboratories announces a new medical film "Physiology and the Emotions in the Mature Woman." It is based on the Symposium on Physiologic Bases for Emotional Disorders in Women which was held at the New York Academy of Medicine last year. The film may be obtained for use at medical meetings by writing Ayerst at 685 Third Ave., New York City 10017.

Court Rules Photocopying Permissible

The U.S. Court of Claims, in what is described as a groundbreaking case, has ruled that photocopying of magazines and books by scientists and libraries does not violate copyright laws. The suit, which was brought by Williams and Wilkins Co., was dismissed after the court split 4 to 3 overturning a trial judge's decision that would have banned photocopying by libraries, schools, students and researchers.—*Newsnote from ACOG NEWSLETTER.*

Promoted to Producer-Director

Corki Wilson, formerly assistant editor of JISMA, has been promoted to producer-director of the Medical Educational Resources Program (MERP) of Indiana University School of Medicine. Miss Wilson has been with MERP for four years and before that she participated in development of a systems approach to education with the I. U. School of Nursing.

Brookings Institute Report Offered

The concept of an NHI plan relating benefits to income was suggested by the Brookings Institution, Washington, D.C. In a report, the Institution said, "The type of proposal that seems best adapted to meeting all three criteria of equity, protection and efficiency is a national health plan with income-related benefits." One of the major features of the AMA's Medicredit proposal is the income tie-in, which is not considered in the Kennedy-Griffiths NHI bill. A catastrophic program based on tax credits which would concentrate tax benefits on those for whom health care expenses pose the most serious problem, was also suggested in the report. For copies of the report, *Setting National Priorities,* $3.95 each, write Brookings Institution, 1775 Massachusetts Ave., Washington, D.C. 20036.

Continuing Medical Education Provided By Closed Circuit TV Tuesdays at Noon

Topics to be covered during the next few weeks on "Today's Medicine," the weekly series of Continuing Medical Education programs seen on WAT 21 TV, are listed below.

"Today's Medicine" is seen at 12 Noon (Indianapolis time) every Tuesday at 26 hospitals which are members of the closed circuit Medical Television Network. Network hospitals and their viewing areas are listed below. Phsicians who practice in an area not served by WAT 21 may request videocassette or one-inch videotape copies of the programs for viewing at any of the more than 50 hospitals equipped with videotape players.

For more program information contact: WAT 21 Station Manager, Medical Educational Resources Program, Indiana University School of Medicine, 1100 W. Michigan St., Indianapolis 46202 (telephone: 317-264-4316).

February 12 "Clinical Pharmacology of Digitalis" A. M. Watanabe, M.D.

February 19 "Depression—The Most Common Emotional

Disturbance" John I. Nurnberger, M.D.

February 26 "Newborn Intensive Care Mobile Unit" Edwin Gresham, M.D.

March 5 "Clinical Staging of Testes Tumors and Their Treatment" John P. Donohue, M.D.

March 12 "Cutaneous Change in Several Systemic Diseases" Victor C. Hackney, M.D., and Arthur Norins, M.D.

March 19 "Management of Epilepsy" Omkar N. Markand, M.D.

SCHEDULE OF UPCOMING NCME PROGRAMS

Here are the playing dates and upcoming programs to be distributed by The Network for Continuing Medical Education (NCME):

Feb. 11-Feb. 24

PAUL D. WHITE: CARDIOLOGY IN MY TIME. The late Dr. Paul D. White describes the development of cardiology as a specialty. This special program was first introduced during the American College of Cardiology annual meeting in 1968 and is offered again on the anniversary of that meeting.

THE DISTRESSED NEWBORN: THE FIRST 30 MINUTES, with Peter A.M. Auld, Director, Neonatal Intensive Care Unit, and Professor of Pediatrics, New York Hospital —Cornell Medical Center, New York.

Feb. 25-Mar. 10

TREATMENT OF PULMONARY EMBOLISM, with William Hall, M.D., Director of the Pulmonary Function Unit, Strong Memorial Hospital; Assistant Professor of Medicine, University of Rochester School of Medicine, Rochester, N.Y.

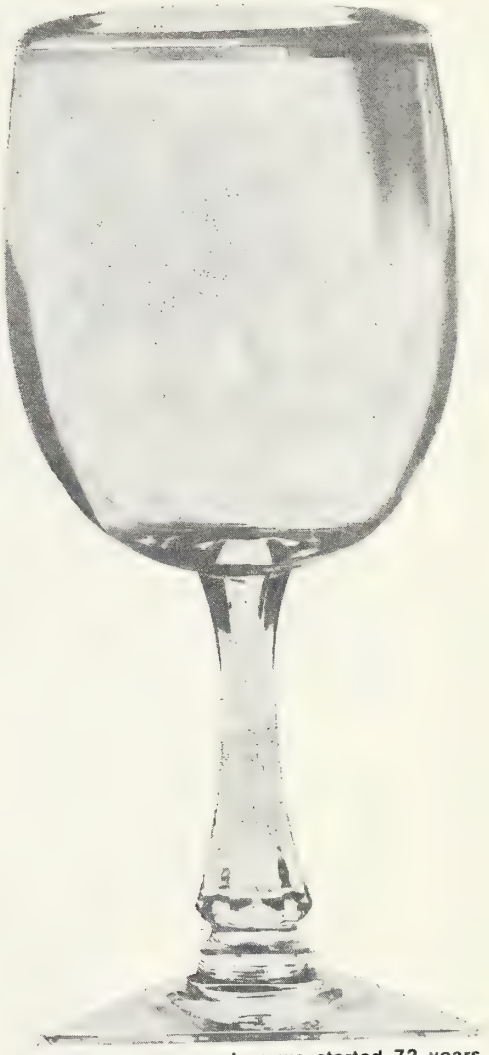
THE FIVE-MINUTE JOINT EXAM, with John J. Calabro, M.D., Chief of Rheumatology, Worcester City Hospital; Professor of Medicine, University of Massachusettes Medical School.

DETECTING OPEN ANGLE GLAUCOMA, with Jerome N. Goldman, Attending Ophthalmologist, Washington Hospital Center, Assistant Clinical Professor of Ophthalmology, Howard University Medical School, Washington, D.C.

For more information about NCME, write The Network for Continuing Medical Education, 15 Columbus Circle, New York, N.Y. 10023.

(Program scheduling subject to change)

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What's New

Labconco has a new Modular Vampire Blood Drawing Chair, said to be so comfortable as to relax the donor and relieve worries. The "padded wing" stabilizing arm is reversible for either right or left handed donating.

* * *

Mead Johnson announces K-LYTE/CL®, potassium with chloride supplement, in convenient unit-dose packets. Each dose supplies 25 mEq potassium chloride in a good-tasting fruit punch flavored solution.

* * *

The Ames Company will place an expiration date on all Ames products, including reagent strips and tablets. By March 1974 all packages shipped to laboratories will carry the expiration dates. Extensive testing programs have established the maximal life for each product.

* * *

Corning announces price reductions on its rapid multitest bacteria recognition systems. Increased usage and increased production have made price cuts possible, ranging from 12 to more than 33%. They involve the low-volume prices, which is of advantage to low-volume users.

* * *

Pilling announces a new light for surgery. Its light is high intensity, cool and virtually shadowless. Source™, allows a finger or a scalpel to be held a few inches above the lighted surface without casting a shadow. The light rays are projected from the light by way of a mirrored ring, thereby introducing light rays from all sides to the field.

* * *

Ramsgate Films announces a new medical film, EARLY ABORTION. It is available in 16mm color and Super-8 cassette. It emphasizes the importance of selection and proper use of birth control methods to prevent future unwanted pregnancies. It was produced with the assistance of experienced medical and clinical consultants in the Los Angeles area.

* * *

Atlan-Tol Laboratories has a sterile, one-time-use vasectomy kit. It is called Spermex® Kit and contains every item required to perform a vasectomy except the anesthetic agent.

* * *

Precision Dynamics will be the distributor for the Cameco Syringe-pistol in the United States. The unique device is designed to accommodate a 20cc B-D Syringe and make it possible to control the syringe and movements of its plunger by the use of only one hand.

* * *

Mark One Hospital Products has a geriatric-chair pad designed for patient comfort and to help prevent patient-slumping. It is constructed of laminated polyurethane foam, the bottom layer large-pored for resilience and the top layer fine-pored for comfortable skin contact.

Posey is introducing a "Child's Mitt," designed to prevent a youngster from putting his hand down his throat, or using his fingers. The back of the mitt is made of Posey Breezeline dacron mesh. The palm is filled with resilient polyester. It is washable and comes in two sizes.

* * *

Extracorporeal Medical Specialties introduces a new Split Needle Venipuncture Set with Infusion Catheter. It features a breakaway needle which is designed for complete removal from around the catheter. Catheters are less likely to be cut and patient injury is reduced.

* * *

Endo Labroatories announces that "Symmetrel" (amantadine hydrochloride) is now available on prescription for use in the treatment of Parkinson's disease and syndrome. "Symmetrel" has been on the market since 1966 for prevention and treatment of infections caused by susceptible influenza A_2. The new indications are for treatment of idiopathic Parkinson's disease, postencephalitic parkinsonism and symptomatic parkinsonism which may follow injury to the central nervous system by carbon monoxide poisoning.

* * *

Modern Talking Picture Service has an entertaining medical film for rent or sale. "For Medicinal Purposes Only" is a 16mm sound and color film starring the comedy team Dan Rowen and Dick Martin who put on a delightful spoof on hospital life. Good for medical meetings or for almost any kind of meeting.

* * *

McGraw-Hill announce a new book titled "A New Baby! A New Life!." It was written to acquaint parents-to-be with what to expect with the advent of a new baby. It is well illustrated and is suitably written in simple language so that parents, even with little knowledge of English, can understand its instructions and message. Soft cover, $4.95.

* * *

Scott First Aid Products announces a new device for applying cold. KWIK-KOLD® ICE-PAK COMPRESS needs no refrigeration, is fast acting, is simple to use and fits into a first aid kit.

* * *

The General Scientific Equipment Company has a new portable oxygen kit, consisting of one disposable oxygen cylinder with a 15 minute supply of USP oxygen, one reusable regulator which provides a minimum of 6 liters per minute and one reusable, single-patient oronasal mask. Weight three pounds. Comes with complete instructions.

* * *

Medical Research Laboratories has a new Patient Monitoring Console which has a heart rate meter, an alarm, oscilloscope and ECG recorder. Designed for emergency rooms, coronary care units and ambulances. Excessive heart rate variations trigger the alarm and give audible and visual warning, as well as actuating the strip recorder to write out patient data.

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Economical. CAMA costs no more per dose than many 5-grain buffered aspirin tablets. Give your arthritic patients the added benefits of CAMA. Ask your Dorsey representative for a generous supply or write Director of Professional Relations.

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From THE JOURNAL 50 Years Ago

There are very few if any surgical lesions of the same size and limited extent that produce such extreme agonizing misery, acute pain and discomfort to the patient, and none in which surgical therapy is attended with more certain success than that of fissure ani, or as it has been more correctly designated—"intolerable ulcer."

In making this preliminary report on the use of quinine and urea hydrochloride in the treatment of fissure ani, it is, as far as the writer has been able to determine, a new method. . . .

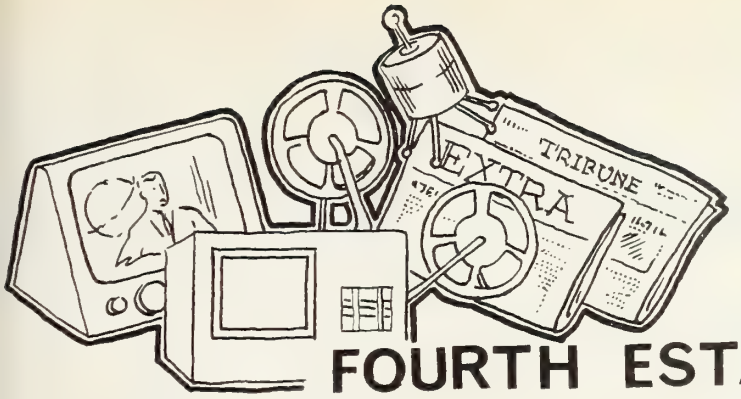
The technic employed in the treatment of this case of fissure ani was as follows: The patient was placed in the left lateral position, with the left leg extended and right leg well flexed. No shaving or scrubbing of the parts was done, the only preliminary preparation being the application of an alcohol compress. With a small glass syringe to which was attached a ⅝ inch, 27 gauge, sharp pointed needle, 15 minims of freshly prepared 5 percent aqueous solution of quinine and urea hydrochloride was injected slowly below or beneath the fissure in such a way as to raise it up and so that, as Hirschman states, "the fissure is resting on a water bed." The point selected for the insertion of the needle was not more than 1/16th of an inch below the sentinel pile. Two or three minims of the solution were injected underneath the skin, and the remaining 12 minims were injected as the needle was introduced slowly just beneath and slightly beyond the distal end of the fissure. . . .

In conclusion, the writer, in presenting this preliminary report on the use of quinine and urea hydrochloride in the treatment of chronic fissure ani or intolerable ulcer, would not have his hearers infer that this new method of treatment is to be accepted as a panacea for all cases; nor would he ask that it replace the older and well known radical surgical methods of treatment that have been attended with such certain successful results. . . . Alois B. Graham, M.D., Indianapolis, "A Preliminary Report on the Use of Quinine and Urea Hydrochloride in the Treatment of Fissure Ani," JISMA, February 1924.

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT — December 1973

Disease	Dec. 1973	Nov. 1973	Oct. 1973	Dec. 1972	Dec. 1971
Animal Bites	362	753	812	382	574
Chickenpox	281	192	68	647	259
Conjunctivitis	261	268	199	134	138
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	44	87	45	79	15
Gonorrhea	794	1315	996	912	977
Impetigo	192	241	324	105	151
Infectious Hepatitis	34	55	68	44	53
Infectious Mononucleosis	125	160	93	83	122
Influenza	2691	3105	2511	3041	2473
Measles					
Rubeola	24	28	17	44	208
Rubella	22	38	11	28	90
Meningococcic Meningitis	2	2	1	0	3
Meningitis, Other	9	4	2	2	8
Mumps	210	193	167	89	111
Pertussis (Whooping Cough)	3	5	2	3	7
Pneumonia	496	700	443	334	341
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	1164	1560	1016	2190	884
Syphilis					
Primary & Secondary	10	23	37	15	18
All Other Syphilis	70	135	88	65	111
Tinea Capitis	14	14	21	2	1
Tuberculosis (Active)	44	68	23	48	73



FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Cost-Chart Bright Spot

Blue Cross and Blue Shield of Indiana have announced that during 1973 both hospital charges and medical charges paid by the organizations in Indiana have been less than anticipated.

Consequently most members of the two plans early next year will receive either rebates on their rate payments for this year or credits against 1974 payments. A similar experience last year resulted in rebates and credits totaling nearly $12 million. The amount for 1973 has not yet been calculated.

In a joint statement, James C. Herod, president of Blue Cross and Richard C. Kilborn, president of Blue Shield, said much of the credit belongs to hospitals and physicians in the state. "They have cooperated," said the statement, "to provide quality medical care in Indiana at the lowest possible cost."

The statement said there also has been "rapidly increasing use of hospital outpatient services instead of more costly inpatient admissions, and that more services have been provided in physicians' ofices. It also commended patients for accepting physicians' advice to terminate hospital stays as soon as possible.

In the first 11 months of this year the average length of patient stays in Indiana hospitals dropped 3 per cent. The increase in hospital charges for the average case, 7.2 per cent, has been slightly less than anticipated, and the statement said average hospital charges in Indiana continue to be substantially less than the national average.

The report is good news not only for members of the two plans but for all who have need of medical-care services. Hospital people, physicians, patients and Blue Cross and Blue Shield themselves have earned a pat on the back for their cooperation.—*The Indianapolis Star,* Nov. 5, 1973.

More Controls

Further meddling with the free marketplace is threatened by legislation introduced by Senator Gaylord Nelson (D-Wis.) which would outlaw trade names on prescription drugs.

Nelson claimed in a Senate speech that drug manufacturers are making unreasonably high profits because of confusion caused by multiple names for the same drug. He said Food and Drug Administration figures show some 20,000 prescription drug products but only 700 different drug compounds.

"In other words," he said, "each drug in this country has, on the average, 30 different names." Some manufacturers market a given compound at a far lower price than others.

Nelson thinks that if doctors were required to prescribe a drug by its official or generic name, the patient could get a substantial price break.

There is another side to the coin which Nelson seems to have overlooked. Not all manufacturers have identical standards of quality control or purity. Some are superior. Others are inferior. Grades of quality of ingredient, processing, handling, storage, sterility, potency and other factors exist in drug manufacturing as in other industries.

Do not manufacturers that have taken great pains to make consistently superior products have the right to sell these products under a name that signifies quality to a consumer?

Do not consumers have a right to choose products by names of brands and manufacturers they can trust because of solid, established reputation?

This new attempt to meddle with the free marketplace in medicine might make it easier for makers of cut-rate drugs to sell their products. Unfortunately, it also might make it easier for consumers to be gypped on impotent drugs or poisoned by bad ones.—*The Indianapolis Star,* Dec. 31, 1973.

Deaths

Henry H. Alderfer, M.D.

Dr. Henry H. Alderfer, 55, Marion internist, died December 7 at Marion General Hospital.

A graduate of the Jefferson Medical College of Philadelphia, Dr. Alderfer served as assistant professor of preventive medicine at the University of Wisconsin before beginning his practice at Marion.

In Marion he was formerly associated with the Davis Clinic and was a consultant to the Marion Veterans Administration Hospital. He served as Grant County Coroner in appointed and elected terms and conducted his own practice in internal medicine at the Professional Arts Center.

During World War II he served as a captain in the Army Medical Corps.

He was a member of the American Medical Association, and the Grant County Medical Society and had been a diplomate of the American Board of Internal Medicine since 1950.

Maynard A. Austin, M.D.

Dr. Maynard A. Austin, 97, who served as president of the Indiana State Medical Association in 1942, died Nov. 26 at the Regina Pacis Home, Evansville, where he had lived for 16 years.

An 1897 graduate of Rush Medical School in Chicago, Dr. Austin was the oldest living alumnus of that school. Licensed to practice in Indiana in 1900, he began his practice in Anderson that year and established the medical department at the Delco-Remy plant when it was first organized as a part of General Motors.

A World War I veteran, Dr. Austin served as a captain in the Army Medical Corps.

For 31 years he served as secretary-treasurer of the Madison County Medical Society. He was on the board of the Indiana Blue Shield Plan for many years and was a Senior Member of ISMA, a member of the American Medical Association and the American College of Surgeons. In 1947 he became a member of the ISMA 50-Year Club.

Carl R. Bassler, M.D.

Dr. Carl R. Bassler, 87, formerly of South Bend, died in the Stephan Nursing Home at Niles, Mich., where he had resided for two years.

A graduate of the University of Illinois in 1909, Dr. Bassler practiced general medicine and proctology in the South Bend-Mishawaka area for more than 40 years before his retirement.

He was elected to membership in the St. Joseph County Medical Society in 1911, was a Senior Member of the Indiana State Medical Association, and became a member of the 50-year Club in 1959. He was a member of the American Medical Association.

Abraham M. Fichman, M.D.

Dr. Abraham M. Fichman, physician and surgeon at Fort Wayne from 1929 to 1972, died Oct. 17 in Miami, Fla. He moved to Fort Lauderdale in 1972.

He was the first chief resident of surgery at the old City Hospital in Indianapolis and was former chief of staff at Parkview Memorial Hospital and at the Methodist Hospital in Fort Wayne. He was a graduate of the Indiana University School of Medicine in 1926 and interned at the Indianapolis City Hospital.

Dr. Fichman was a diplomate of the International Board of Proctology and was a member of the American Medical Association, the Allen County Medical Society and the American Society of Abdominal Surgery. He was a Senior Member of the Indiana State Medical Association.

Horace E. Jones, M.D.

Dr. Horace Edgar Jones, Anderson, died December 24 at Community Hospital in Indianapolis. He was 63.

He was a graduate of Washington University Medical College, St. Louis, interned at Saginaw General Hospital, Saginaw, Mich., and was a resident at Eloise Hospital, Eloise, Mich. from 1939 to 1941. During World War II he served with the Indiana National Guard.

In general practice at Anderson since 1942, Dr. Randall was on the staff of St. John's Hickey Memorial Hospital and was a member of the American Medical Association and the Madison County Medical Society.

George E. Moats, M.D.

Dr. George E. Moats, 91, Fort Wayne, died December 10 in the Towne House Health Center.

In 1913 he was graduated from the Eclectic Medical College, Cincinnati, and practiced in Antwerp, Ohio, from 1913 to 1922. He had maintained an office at Fort Wayne since 1922, when he was licensed in Indiana. He was a Captain in the Infantry during World War I and served as a medical examiner for four years in World War II. From 1930 to 1935 he was an officer of the local health department.

Dr. Moats was a staff member at the Lutheran Hospital, and a member of the visiting staff of St. Joseph's Hospital, Fort Wayne. In 1956 he became a Senior Member of the Indiana State Medical Association and in 1963 became a member of the 50-year Club. He was a member of the American Medical Association and the Allen County Medical Society.

Adeline F. Muelchi, M.D.

Dr. Adeline Ferra Muelchi, 76, died December 22 at Deaconess Hospital, Evansville.

In general practice at Evansville since 1924, Dr. Muelchi was a graduate of the Indiana University School of Medicine and interned at the New England Hospital for Women and Children in Boston. She retired from active practice in 1967 but continued working in the Evansville school system's health program three days a week.

A Senior Member of the Indiana State Medical Assoication since 1968, in 1971 she was honored as the first woman doctor to be admitted to its 50-Year Club. She joined the Perry County Medical Society in 1922, transferring her membership to the Vanderburgh County society two years later when she moved her practice to Evansville. Dr. Muelchi began her work in pediatrics, later branching out into general practice. She was a member of the American Medical Association.

Thomas A. Randall, M.D.

Dr. Thomas Anthony Randall, 46, Lafayette pathologist, died December 28, 1973, in Home Hospital at Lafayette.

Prior to assuming his position as pathologist at the Home Hospital, Dr. Randall had been director of laboratories at Marion County General Hospital, Indianapolis, assistant professor of pathology at the Indiana University School of Medicine, and consultant to the office of the Marion County Coroner.

He was graduated from Jefferson Medical College of Philadelphia in 1954, interned at St. Joseph Hospital, South Bend, and was a resident at the Indiana University Medical Center in Indianapolis from 1960 to 1964. He served with the United States Navy during World War II.

Dr. Randall was a member of the American Society of Clinical Pathologists, American Medical Association, and the Tippecanoe County Medical Society.

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The Indiana Rehabilitation Services has openings for physicians in its various divisions. Interested persons should contact Dr. Walter E. Deacon, Room #1028 Illinois Building, Indianapolis, Indiana. Telephone (317) 633-6942.

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Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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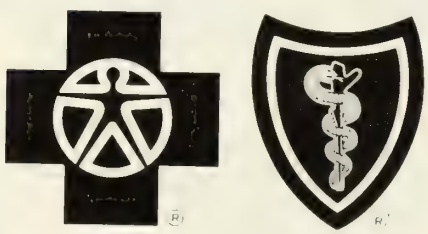
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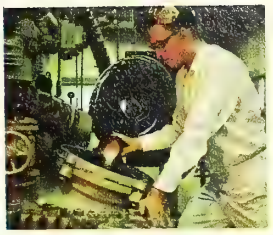
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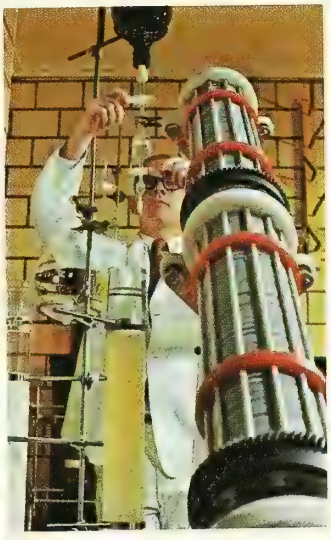




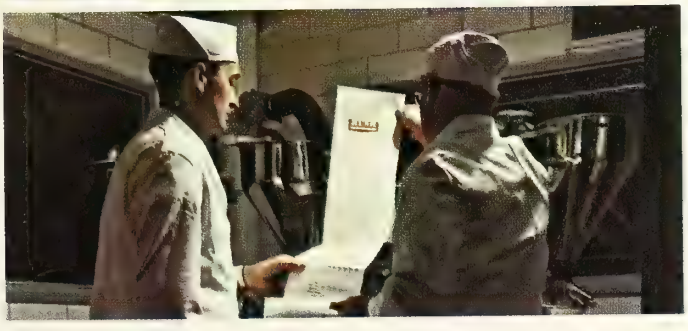












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2—Paul W. Holtzman, Bloomington	Oct. 1975
3—Eli Goodman, Charlestown	Oct. 1976
4—Howard C. Jackson, Madison	Oct. 1974
5—Cleon M. Schauwecker, Greencastle	Oct. 1975
6—Paul M. Inlow, Shelbyville	Oct. 1976
7—John O. Butler, Indianapolis	Oct. 1974
7—Joseph F. Ferrara, Franklin	Oct. 1975
8—Richard Ingram, Montpelier	Oct. 1975
9—William M. Sholty, Lafayette	Oct. 1976
10—Vincent J. Santare, Munster (Chairman)	Oct. 1974
11—James A. Harshman, Kokomo	Oct. 1975
12—John S. Farquhar, Jr. Fort Wayne	Oct. 1976
13—G. Beach Gattman, Elkhart	Oct. 1974

ALTERNATES

District	Term Expires
1—Bernard Rosenblatt, Evansville	1976
2—Betty Dukes, Dugger	1974
3—Thomas Neathamer, Jeffersonville	1974
4—William Blaisdell, Seymour	1976
5—William G. Bannon, Terre Haute	1976
6—Glen Ward Lee, Richmond	1975
7—John Pantzer, Indianapolis	1975
7—Donald McCallum, Indianapolis	1974
8—Jack L. Alexander, Muncie	1976
9—Max N. Hoffman, Covington	1974
10—Martin O'Neill, Valparaiso	1975
11—Lloyd L. Hill, Peru	1974
12—Walter D. Griest, Fort Wayne	1974
13—Donald S. Chamberlain, South Bend	1976

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Chairman—Floyd Thurston, Bloomington
Secretary—James R. Greenlee, Bloomington

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Terms expire December 31, 1974:

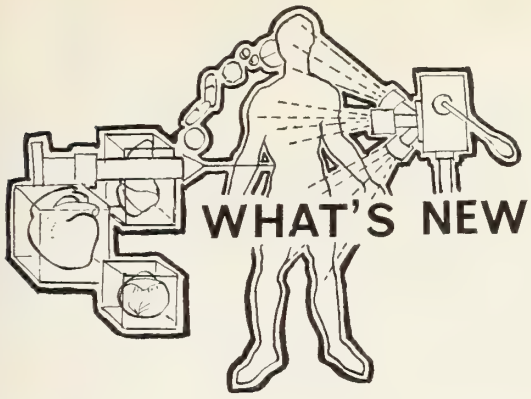
Delegates	Alternates
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Eugene F. Senseny, Fort Wayne	Ross L. Egger, Daleville
Malcolm O. Scamahorn, Pittsboro	Kenneth O. Neumann, Lafayette

Terms expire December 31, 1975:

Delegates	Alternates
Patrick J. V. Corcoran, Evansville	Peter R. Petrich, Attica
Lowell H. Steen, Hammond	Thomas C. Tyrrell, Hammond

1973-74 DISTRICT MEDICAL SOCIETY OFFICERS

District	President	Secretary	Place and date of meeting
1.	William Dye, Oakland City	Martin J. Bender, Evansville	
2.	Robert O. Bethea, Farmersburg	J. S. Brown, Carlisle	June 1974, Sullivan
3.	Claude J. Meyer, Jeffersonville	J. L. Millan, Jeffersonville	
4.	Kenneth E. Bobb, Seymour		
5.	J. Franklin Swain, Rockville	Antolin M. Montecillo, Clinton	
6.	James H. Tower, Jr., Shelbyville	Arlington M. Hudson, Connersville	
7.	Eric Clark, Plainfield	M. O. Scamahorn, Pittsboro	
8.	Paul W. Sparks, Winchester	Howard Koch, Winchester	
9.	Milton W. Erdel, Frankfort	Harry T. Stout, Frankfort	June 13, 1974, Frankfort
10.	Mario D. Mansueto, Munster	James R. Brown, Valparaiso	
11.	Joseph S. Bean, Logansport	Fred Poehler, La Fontaine	
12.	Franklin A. Bryan, Fort Wayne	Karl R. Schlademan, Fort Wayne	
13.	Jack Hannah, Elkhart	David L. Spalding, Mishawaka	Sept. 11, 1974, Elkhart



WHAT'S NEW?

Mead Johnson is introducing its Mucomyst and Mucomyst-10 in a new 4 ml convenient unit dose size. The preparation is for aerosolization or direct instillation; not for injection.

* * *

"The Wheelchair Traveler" lists hotels, motels, restaurants, and sightseeing attractions in the U.S., Canada and Mexico with information on door widths, steps and physical barriers. It is sold for $3 by Wheelchair Traveler, Ball Hill Road, Milford, N.H. 03055.

* * *

Howard Sams has published "Introduction to Biomedical Electronics." The author is Edward J. Bukstein. The book deals especially with the electronics concerned in patient-monitoring equipment and furnishes information on medical terminology needed to provide communication between the electronics technician and the medical personnel. 208 pages, $5.50.

* * *

Ames is packing CLINITEST® Reagent Tablets in "child proof" packages. "Clic-loc" closures are now on three consumer-size packages, CLINITEST Sets, CLINITEST 36s and CLINITEST 100s. CLINITEST 24s are being packaged in "safety foil."

* * *

Marion Laboratories announces approval by the FDA of a new topical antimicrobial agent for prevention and treatment of wound infection in second and third degree burns. SILVADENE CREAM, 1% silver sulfadiazine micronized powder in a water miscible cream base, has been useful in treatment of over 2300 burns victims.

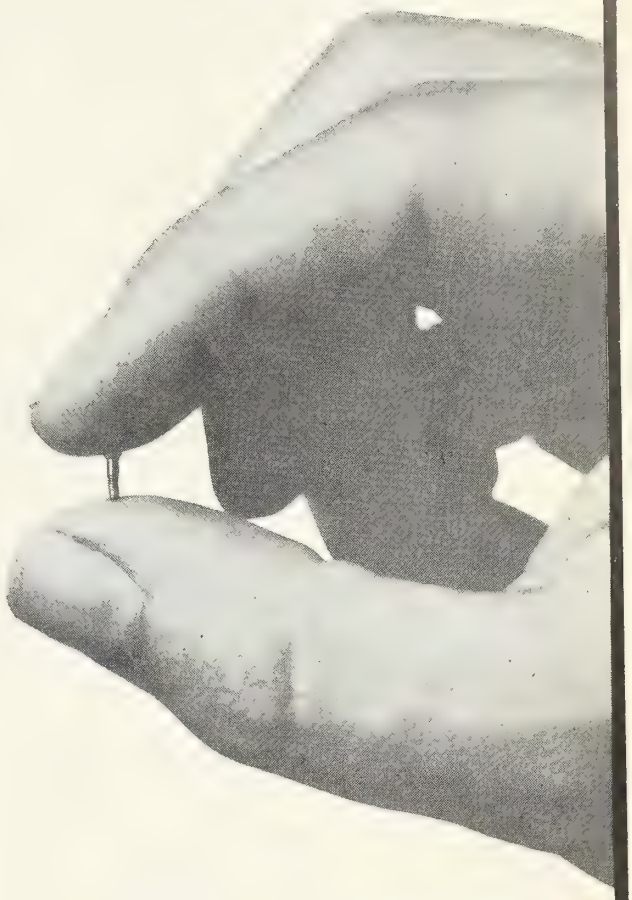
* * *

Swets and Zeitlinger of Amsterdam announces the publication of "The Artificial Larynx" by Vvan Lebrun. It is a study of the history of the artifical larynx and the physiological and acoustical problems involved. It is a part of a series of volumes edited by Lebrun and R. Hoops of Ball State University, Muncie. The book sells for 25 Dutch guilders.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments and surgical appliances—and book publishers. Each item is published as news and does not necessarily constitute an endorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

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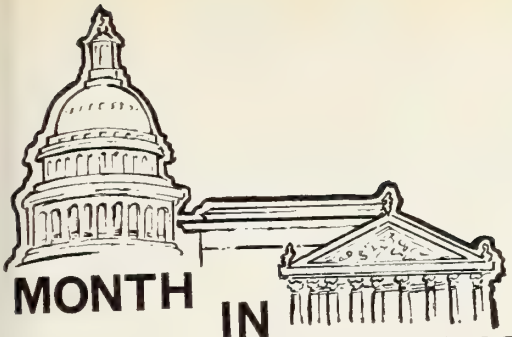
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MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to The Journal on the first of each month preceding month of issue.

The American Medical Association has branded as "wrong medically, wrong morally, and wrong legally" the Health, Education, and Welfare Department's proposed regulation requiring pre-hospital-admission certification for Medicare and Medicaid patients.

In what appeared as an ending to a "deliberate effort on the part of the AMA over the past four or five years to cooperate with HEW;" the Association announced that if the pre-admission certification regulation and the Professional Standards Review Organizations area designations were placed into effect, HEW Secretary Caspar Weinberger would be taken into court.

AMA President Russell B. Roth, M.D., and Board Chairman James H. Sammons, M.D., at a press conference in Chicago made the following statement:

"We are here today to serve notice on Secretary Weinberger that if he proceeds with two proposed actions, we are going to take him to court.

"Earlier this month, the Secretary of the Department of Health, Education, and Welfare issued a set of proposed regulations that would require pre-admission certification for Medicare and Medicaid. If adopted as proposed they would require that every Medicare and Medicaid patient be cleared by a Utilization Review Committee before admission to a hospital. The only exception would be emergency cases.

"These regulations are a direct threat to the medical care of the 35 million or so patients who are served by Medicare and Medicaid. For most of them, the withholding of Medicare or Medicaid hospital benefits will mean that the individual will be denied hospitalization because they have no other means to pay for their care.

"Furthermore, such decisions would not be made on the basis of an examination of the patient by physicians. Rather, they would be paper decisions. The verdict would be rendered on the basis of what the patient's doctor put down on the record. It is likely that, as a practical matter in many instances, the decision would not be made by a committee of physicians or even a single physician but by an admitting nurse or other hospital administrative personnel.

"Any such denial of medical care represents a clear violation of both the spirit and the letter of the Medicare-Medicaid law. Congress clearly established the programs to provide medical care for the elderly and the poor. What the Congress has given, the Secretary now seeks to take away. The Secretary has no authority under the guise of regulations to amend the law and reduce benefits. He has no moral or legal right or authority to do so. Indeed, his action is as illegal as it is reprehensible. The Medicare-Medicaid law provides for pre-admission certification by the patient's physician and for post-admission review by hospital utilization review committees. The Congress did not intend that a committee substitute a paper decision for the judgment of a patient's physician. The Secretary's proposal is a direct and clear violation of Section 1801 of the Medicare-Medicaid law.

"We intend to fight Mr. Weinberger on this. His proposed regulations are wrong medically, wrong morally, and wrong legally. We are here to serve notice on the Secretary that if he persists in putting the regulations into effect, the AMA will seek an injunction on that very same day to stop him.

"We would welcome support from all interested parties, such as senior citizen organizations and consumer groups. We would hope they would join in our action. But with them or without them, we will be in court on the day those regulations are promulgated.

"While we are in a suing mood, let me mention that we are also going to take on Mr. Weinberger in another area.

"This involves his gerrymandering of the PSRO district. Without getting too involved, let me say for those of you who don't know, PSRO stands for Professional Standards Review Organizations. These are supposed to be groups of doctors set up to review the quality

Continued

ISMA Committees and Commissions for 1973-1974

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and medical necessity of care given under Medicare and Medicaid.

"The AMA originally opposed PSRO. But once it became law, we decided that if such review was going to be done it would be better for all concerned if it were done by physicians.

"We decided to cooperate with HEW in the implementation of the law. I can tell you, we've had very little cooperation in return.

"Peer review—the concept on which PSRO is based—was invented by the medical profession and was in existence long before the government ever heard of the idea. There are many excellent and functioning peer review programs now in effect in this country, and we asked the Secretary to set up the PSRO designated areas (regional units) so as not to disturb them.

"This plea apparently fell on deaf ears. I won't hazard a guess as to the reason behind the Secretary's area designations. I don't think there were any. I think the decision was simply capricious and arbitrary.

"Our Board of Trustees has voted to join with any of our state organizations who want to go to court to upset the area designation in their state. Our preliminary indications are that seven or eight may do so.

"Let me say in closing that over the past four or five years we have made a deliberate effort to cooperate with HEW in implementing government programs for the benefit of the people. I think for a while there was good communication and good cooperation.

"That day apparently has passed. Of late we've had nothing but rebuff after rebuff. We've now been left with no recourse but to fight in our own best interests and, we believe, in the best interests of our patients."

No Exemption for Physicians; 4% Ceiling on Fee Increases Holds

Physician fees in 1974 have been ordered held to a 4% increase by the Cost of Living Council.

Despite strong arguments from physician groups including the AMA for an exemption from all wage and price controls for the medical profession, the Council refused to step back from its November proposal to impose the 4% ceiling.

As in November regulations, physicians under Phase IV will be permitted an annual aggregate fee increase of 4%. A 10% maximum fee increase is allowed for specific charge items; fees under $10 can be raised by $1.

Continued





"I like to read it through without interruptions."

Continued

The limits are effective as of the first of this year. They remain legally in effect until April 30, by which time Congress must authorize an extension of the President's power's to impose wage-price controls or they will expire. There is growing sentiment in the Senate and the House to terminate the program.

The regulations in the health field have been under court attack. Nursing homes have won a preliminary legal battle in their suit against the Phase III controls. The American Hospital Association has threatened to challenge the controls in court.

Hospitals were restricted to a 7.5% increase per in-patient stay, with adjustments for volume changes.

Under the final regulations, all physicians must maintain a schedule showing prices in effect on December 28, 1973, which comprises 90% of their revenues, and the subsequent changes and dates. "A conspicuous and easily readable sign" must be posted stating the availability and location of the price schedule. The requirement applies whether or not fees have been increased.

The Council said that physicians and medical laboratories that have not raised charges as allowed in the past will be allowed to apply the unused portion of increase up to a maximum of 5%.

HMOs Get President's Backing

President Nixon is enthusiastically endorsing the Health Maintenance Organizations' program effort getting underway at the HEW Department, according to federal health officials.

The government is "going all out" to implement the new law "as rapidly as possible," Charles Edwards, M.D., Assistant HEW Secretary for Health, said.

Proposed regulations to carry out the HMO program will be issued by the end of March.

At a briefing of health reporters, Dr. Edwards announced that the director of the HMO program is Frank Seubold, who has been serving as Deputy Director of the old HMO office as well as Associate Director of the Bureau of Community Health. Seubold, 51, is a Ph.D. chemist who came to HEW in 1971 after a career in the aerospace industry in California, during which he became increasingly involved in space medicine and medical systems management work.

With respect to the new HMO law that authorizes $375 million over the next five years, Dr. Edwards said that, for the first time, the government is going to be making changes in the economic base of health care delivery in this country. The HMO concept attains added importance, he told reporters, as the Administration and Congress move on national health insurance proposals.

Per Capita Expenditures for Health Rose in 1973 but Amount of Increase Was Lower

Health outlays last fiscal year for the nation reached $94.1 billion, an 11% increase, the lowest rate in several years. The proportion of total health spending to the Gross National Product remained at the 1972 level—7.7%. Per capita expenditures rose $41 to $441, including private and government spending.

The Social Security Administration's preliminary figures for the fiscal year that ended last July showed per capita private spending on health of $265 and government spending of $176 per person for the year.

The ratio of public versus private health spending continued the trend of two decades toward more government spending. The ratio for fiscal 1973 was 60.1% private and 39.9% public. In 1928, the corresponding ratio was 86.7% and 13.3%.

Of the $94 billion total, $36 billion went for hospital care, $18 billion for physicians' services, compared with $32.6 billion and $16.6 billion the previous year.

Federal spending was estimated at $24.6 billion, up almost $2 billion; state and local, $12.9 billion, up more than $1.5 billion.

Expenses for prepayment and administration, largely private health insurance expenses, rose from $2.4 billion in fiscal 1972 to $3.3 billion in fiscal 1973.

Study Use of Patient Package Insert by Pharmacist

The American Medical Association recognizes that supplemental printed information given to the patient by the pharmacist at the physician's discretion would be valuable for certain classes of drugs.

However, the AMA stated at a Washington, D.C., conference on patient drug information that the preparation and distribution of such informational material pose a number of problems.

"Patients differ in their drug requirements with respect to dose, duration of therapy and adjunct medication. They also differ in therapeutic response, adverse side effects and toxic reactions. The information in a 'patient package insert' might be helpful to some patients but might confuse, frighten or even harm other patients."

The meeting of medical, drug and consumers repre-

Continued

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sentatives was told by an AMA spokesman that the usefulness of a patient package insert should be explored for a limited number of drugs. The AMA, the Food and Drug Administration and the manufacturer could cooperate in preparing informational material on a limited number of drugs, selected because they are used over a long period of time or have a high incidence of interaction with other drugs.

The acceptance of such material by patients and physicians and the impact it might have on the way in which patients used drugs should be assessed before encompassing a large number of therapeutic agents in the program, according to the AMA.

The FDA has been considering steps to broaden the package insert for many drugs to assure it reaches patients.

AMA Appoints New Congressional Liaison Head

Dr. John Zapp, D.D.S., Deputy Assistant Secretary for Legislation of the HEW Department, is resigning to join the Washington office of the AMA as Director of the Department of Congressional Relations.

Dr. Zapp has been at HEW since 1969. He held a variety of posts including Deputy Assistant Secretary for Health Manpower. The 41-year-old official has been involved with health legislation for several years and has served as federal representative to the AMA-American Medical Colleges Liaison Committee on Medical Education.

Dr. Zapp will replace William Colley as the head of AMA's Congressional Relations Department. ◄

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT — January 1974

Disease	Jan. 1974	Dec. 1973	Nov. 1973	Jan. 1973	Jan. 1972
Animal Bites	413	362	753	438	412
Chickenpox	555	281	192	958	452
Conjunctivitis	191	261	268	178	161
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	140	44	87	35	9
Gonorrhea	728	794	1315	794	512
Impetigo	169	192	241	139	196
Infectious Hepatitis	32	34	55	24	18
Infectious Mononucleosis	59	125	150	59	93
Influenza	6324	2691	3705	11640	14074
Measles					
Rubeola	19	24	28	63	288
Rubella	46	22	38	75	82
Meningococcic Meningitis	0	2	2	0	1
Meningitis, Other	0	9	4	1	4
Mumps	136	210	193	161	167
Pertussis (Whooping Cough)	5	3	5	5	11
Pneumonia	604	496	700	642	555
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	1363	1164	1560	1515	1083
Syphilis					
Primary & Secondary	20	10	23	31	11
All Other Syphilis	89	70	135	62	60
Tinea Capitis	10	14	14	6	3
Tuberculosis (Active)	34	44	68	27	55

Placidyl®
(ETHCHLORVYNOL)

Brief Summary

Indications—Placidyl (ethchlorvynol) is indicated as short-term hypnotic therapy in the management of insomnia.

Contraindications—Drug hypersensitivity and porphyria.

Warnings—Not recommended during the first and second trimester of pregnancy. Caution patients of possible combined exaggerated effects with alcohol, barbiturates, tranquilizers or other CNS depressants. Exaggerated effects might result in blurring of vision, paralysis of accommodation and profound hypnosis. Caution patients concerning driving a motor vehicle, operating machinery, or other hazardous operations requiring alertness after taking the drug. ADMINISTER WITH CAUTION TO PATIENTS WITH SUICIDAL TENDENCIES AND DO NOT PRESCRIBE LARGE QUANTITIES OF THE DRUG. Adjustment of the dosage of oral anticoagulants might be necessary when beginning ethchlorvynol therapy, during therapy, or after stopping therapy. This drug is not recommended for use in children. PLACIDYL HAS THE POTENTIAL FOR THE DEVELOPMENT OF PSYCHOLOGICAL AND PHYSICAL DEPENDENCE. INSTANCES OF SEVERE WITHDRAWAL SYMPTOMS, INCLUDING CONVULSIONS AND DELIRIUM CLINICALLY SIMILAR TO THOSE SEEN WITH BARBITURATES, HAVE BEEN REPORTED IN PATIENTS TAKING REGULAR DOSES AS LOW AS 1000 MG. PER DAY OVER A PERIOD OF TIME WHEN THE DRUG WAS SUDDENLY DISCONTINUED. PROLONGED ADMINISTRATION OF THE DRUG IS NOT RECOMMENDED. Addiction-prone patients or those who are likely to increase dosages of the drug on their own initiative should be observed for evidence of signs or symptoms which may indicate possible early withdrawal or abstinence symptoms. Signs and symptoms associated with withdrawal and abstinence include unusual anxiety, tremor, ataxia, slurring of speech, memory loss, perceptual distortions, irritability, agitation and delirium. Other less well defined signs and symptoms, not necessarily due to withdrawal and abstinence, may include anorexia, nausea or vomiting, weakness, dizziness, sweating, muscle twitching and weight loss. Abrupt discontinuance of Placidyl following prolonged overdosage may result in convulsions and delirium.

Precautions—Toxic amblyopia has been reported with long-term continuous use of ethchlorvynol. Permanent visual defects have been observed, although amblyopia has improved after discontinuation of the drug. Drug dosage should be limited for elderly and debilitated patients to the smallest effective amount. If pain is present, this drug should only be given if insomnia persists after pain is controlled with analgesics. Caution is advised in prescribing the drug for patients who are being treated with either MAO inhibitors or antidepressants. Transient delirium has been reported with the combination of Placidyl and amitryptyline. Drug dosage should be reduced if prescribed for patients receiving MAO inhibitors or antidepressants. Caution should be exercised in patients with impaired hepatic or renal function. Patients who respond unpredictably to barbiturates or alcohol, or who exhibit excitement and release of inhibition in association with such agents, may also react in this way to Placidyl. Rarely, patients may exhibit symptoms suggestive of an unusual susceptibility to the drug; such as prolonged hypnosis, profound muscular weakness, excitement, hysteria, or syncope without marked hypotension. Transient giddiness or ataxia may occur.

Adverse Reactions—Hypotension, nausea or vomiting, gastric upset, aftertaste, blurring of vision, dizziness, facial numbness, and allergic reaction typified by urticaria have been reported following Placidyl administration. Mild "hangover" and symptoms of mild excitation have occurred in some patients. There have been rare reports of cholestatic jaundice occurring in patients taking ethchlorvynol. A few cases of thrombocytopenia have been reported in patients receiving ethchlorvynol. 304431

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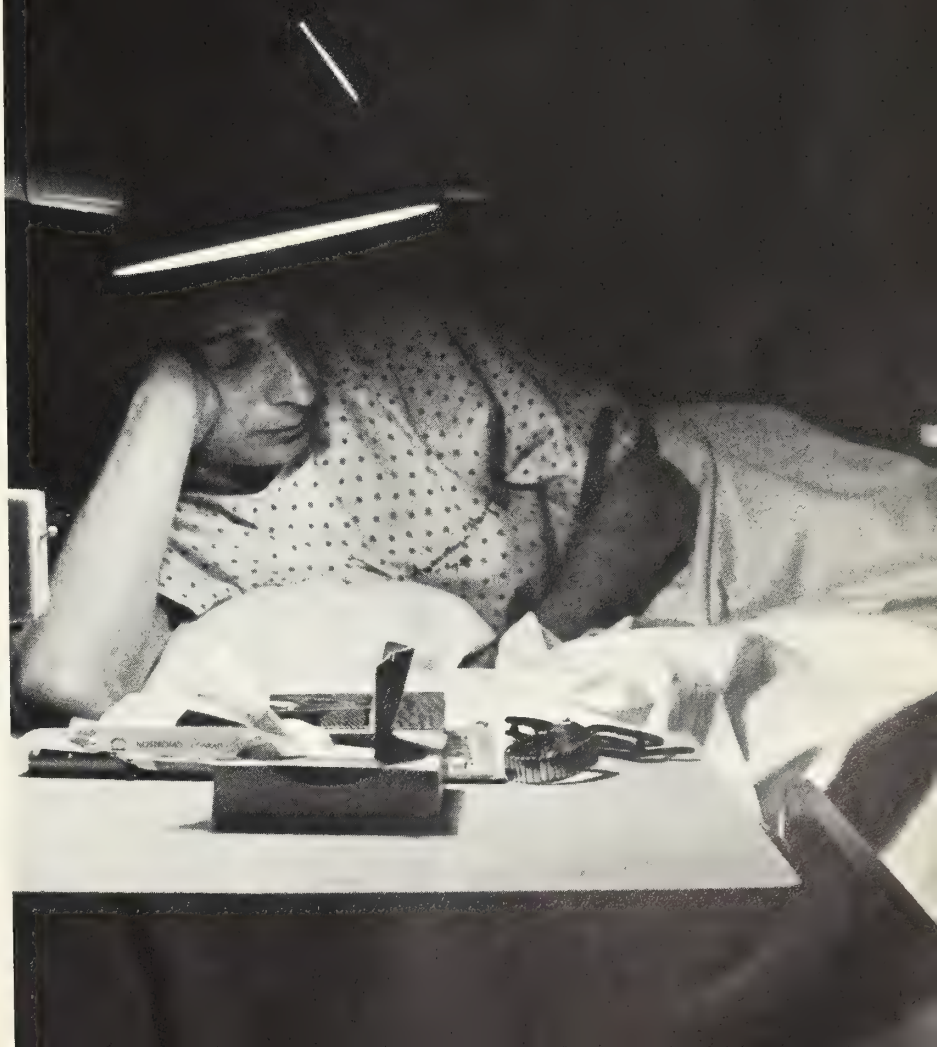
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The Weight of Professional Opinion

It's time for action to defend the laws and regulations that protect your patients against drug substitution.

These professional and trade organizations are united in supporting antisubstitution statutes and regulations:

The American Academy of Dermatology

The Board of Directors of the American Academy of Family Physicians

The Executive Board of the American Academy of Neurology

The Committee on Drugs of the American Academy of Pediatrics

The American College of Allergists

The Executive Committee of the American College of Obstetricians and Gynecologists

The Board of Regents of the American College of Physicians

The Board of Trustees of the American Dental Association

The Board of Trustees of the American Medical Association

The American Psychiatric Association

The Executive Committee of the National Association of Retail Druggists

The Board of Directors of the Pharmaceutical Manufacturers Association

The National Wholesale Druggists' Association



oint Statement on Antisubstitution Laws and Regulations

The purpose of this statement is o affirm the support of the participat- ng organizations for the laws, regula- ons and professional traditions which rohibit the unauthorized substitution f drug products.

Traditionally, physicians, den- ists and pharmacists have worked ooperatively to serve the best inter- sts of patients. Productive coopera- ion has been achieved through nutual respect as well as a common oncern for the ideals of public ervice. This mutual respect has been eflected, in part, by joint support ver the years for the adoption and nforcement of laws and regulations pecifically prohibiting unauthorized ubstitution and encouraging joint iscussion and selection of the ource of supply of drug products. he basic principles of medical, den- al and pharmacy practice are thus tilized and preserved in the interest f patient welfare.

The antisubstitution laws have ot obstructed enhancement of the rofessional status of pharmacy any more than they have in and of them- selves guaranteed absolute protec- ion from unsafe drugs, or freed hysicians, dentists and pharmacists rom their responsibilities to patients. As a practical matter, however, such aws and regulations encourage inter- rofessional communications regard- ing drug product selection and assure each profession the opportunity to exercise fully its expertise in drug usage, to the advantage of patients.

Physicians and dentists should be urged to increase the frequency and regularity of their contacts with pharmacists in selection of quality drug products, recognizing that economies to patients can be improved through such communication, taking into account the patients' needs. The pharmacist's knowledge of the chemical characteristics of drugs, their mode of action, toxic properties and other characteristics that assist in making drug selection decisions should be utilized to the fullest extent practicable by physicians and dentists in serving their patients.

Since drug product selection entails knowledge derived from clinical experience, the physician's and dentist's roles in product selection remain primary and do not permit delegation of decisions requiring medical and dental judgments. A broader role in therapy will evolve for pharmacists as improved understanding and cooperation among the professions continue to grow.

There has been no evidence that there are convincing reasons to modify or repeal existing laws and regulations prohibiting the unauthorized substitution of another drug product for the one specified by a prescriber. It is our belief that such laws and regulations merit the joint support of the medical, dental and pharmaceutical professions and the pharmaceutical industry.

Add your opinion to the weight of other professionals and send it to your state assemblyman or legislator.

Pharmaceutical Manufacturers Association
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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 67—March 1974—Number 3

"You are old, Father William," the young man
cried,
"The few locks which are left you are gray;
You are hale, Father William, a hearty old man,—
Now tell me the reason I pray."
—Robert Southey, 1799

Drug Therapy in Geriatrics

HERMAN M. BAKER, M.D.
Evansville

DESPITE the dramatic advances made in medical science during the past century, we are as incapable today of explaining Father William's relative resistance to senile decline as were the physicians of his time. Of the many reasons for our persisting ignorance, a lack of interest in individual differences is gradually being recognized as a cogent one.

Far from being unknown, individual differences have intrigued physicians since the dawn of Medicine. Hippocrates himself was careful to distinguish between various types of patients according to their individual blend of humors, or, as we would say today, according to their constitutional differences. With the advent of bacteriology, however, emphasis shifted to the role of specific infectious agents in disease production so that individual differences have largely been ignored in clinical medicine, be they differences in vulnerability to infectious organisms, in response to therapeutic regimens, or in susceptibility to age-correlated changes.

As a consequence of the spectacular control achieved over known infectious diseases, disorders of idiopathic etiologies have assumed major epidemiologic importance and spurred a renewed interest in the hostspecific factors of individual variability. Among them are the chief causes of death today—cardiovascular disease, malignant neoplasia and intracranial vascular lesions—all of which have significant genetic components and a high frequency in the elderly.

At a time when genetic determinants of illness are assuming greater importance, the geratrician is in the unenviable position of lacking sufficient information for distinguishing between hereditary diseases and their phenocopies, or between independent diseases and diverse manifestations of single basic abnormality. For the physician unfamiliar with the jargon of geneticists, the task of acquiring information in this rapidly expanding field is a formidable one. Yet his capacity to devise causally directed therapies will come to depend more and more on a knowledge of modern genetics. Pediatricians, for example, are already carrying out programs based on simple nutritional principles to prevent such phenotypic expressions of genetic defects as phenylketonuria and galactosemia. The prodigious strides made in deciphering the genetic code and elucidating a variety of genetic mechanisms have been concerned chiefly with hereditary disorders attributable to single major gene mutations manifested early in life by severe dysfunction. The genetic aspects of aging, however, remain—but for a modest beginning—virtually unexplored.

Much of the progress in geriatrics in recent years has been based on the fuller understanding of the

Presented at a clinical conference at Deaconess Hospital, Evansville, on February 13, 1973.

possibilities of treatment and rehabilitation of elderly patients.

Indeed, this may well be the greatest advance in geriatrics, because so many have benefited from a more optimistic and active therapeutic endeavor. Even as recently as 15 years ago not only was the range of effective drugs small, but the neglect of many of the elderly when they became ill was due to a therapeutic philosophy based on inadequate investigation, lack of correct diagnosis, the prescription of bed rest, and the use of medicine only for symptomatic treatment. Thus orthodox medical treatment was often denied the older patient because it was thought so little could be achieved. Gradually, however, concepts have changed.

Multiple Pathology the Rule

The early workers in geriatrics showed what could be done in seemingly hopeless cases. Principles of rehabilitation of hemiplegia (stroke) and other locomotor disorders were evolved and the ill effects of immobilization of the elderly in bed were recognized and avoided. It was realized that many diseases have different manifestations and clinical courses in the elderly, and for treatment to be more effective the disorders had to be detected earlier. More thorough investigation of patients revealed the silent existence of many conditions and that multiple pathology is the rule rather than the exception. Treatment of these multiple disorders has, however, led to new problems resulting from the use in the individual patient of a number of powerful drugs that may produce a variety of ill effects.

It is well known that older people are less tolerant of most drugs than are young adults, but few doctors prescribe as if they were aware of it. In fact, Lamy of the University of Maryland School of Pharmacy found in a study that only a small minority of doctors prescribing for a group of senior citizens took the patient's age into account. Rarely were potentially toxic drugs prescribed in dosages lower than those usually recommended for an adult.

Individual differences in drug response is a truism of pharmacology and is always a potential problem in therapeutics. Understanding the contributions of aging to this variation is indispensable to rational drug therapy in the elderly patient. Among the many physiologic changes that accompany aging, the ones most likely to affect the actions of drugs are shifts in body mass, alterations in cardiovascular, respiratory and renal functions, and changes within the central nervous system.

Drug dosage is, or should be, related to lean body mass. As people grow older there is a wasting of muscle tissue, often not apparent to the casual observer because it is masked by the substitution of fat. The total body volume through which an administered drug is distributed decreases profoundly with advancing years.

A second factor affecting drug dosage is, or should be, renal function, since most drugs are excreted at least in part by the kidneys, although a decrease in renal function with age has been documented repeatedly over the past 35 years, it appears to be either unknown or ignored by many clinicians. Starting at age 30, an almost linear decline in renal excretion capacity is reflected in the most sensitive measures of renal function, which are creatinine clearance, renal plasma flow, glomerular filtration rate, and the number of nephrons per unit of renal tissue. Unfortunately, there may be no alteration in serum creatinine or urea levels until renal creatinine clearance has fallen to nearly half the normal rate, a point usually reached at about age 70 or 80. Renal excretion is especially important when digoxin is being administered, and when most antibiotics, especially the amino-glycosides (gentamicin, kanamycin, streptomycin) are given.

An additional factor affecting drug dosage in the elderly is altered sensitivity of the target organ. For example, many older patients given tranquilizers—even when blood levels are in the "therapeutic" range—will show signs of profound central depression manifested by sedation, ataxia, postural hypotension or confusion. The precise mechanism for this phenomenon has not been determined, but there is evidence suggesting that aging alters the reactions of individual neurons. Conduction velocity, for example, may be considerably slowed by age. Other manifestations of altered receptor sensitivity of aging include the greater sensitivity of the eye to the mydriatic effect of anticholinergic drugs, and the urinary retention that may be a problem with these drugs in both sexes.

Postural Hypotension Common

Homeostatic mechanisms become less efficient in the elderly. For example, the tolerance of organs and tissues to temperature changes and to loss of fluid and electrolytes is diminished, and cardiovascular reflexes function less effectively, resulting in the relatively common phenomenon of postural hypotension in the elderly.

The distribution of drugs in the body may be profoundly altered by changes in regional perfusion that result primarily from the diminished cardiac output that accompanies aging. In some instances, local atherosclerosis also plays a part. Not only may these alterations affect distribution of drugs to their sites of action but they may delay excretion as well. Decreases in vital capacity and maximum breathing capacity

limit the physical activities of older people more than they affect drug action. But, as is well known, the respiratory depression that follows administration of opiates and other CNS depressants is poorly compensated for by the elderly.

With all these physiologic effects of aging in mind, let us now consider some practical aspects of treating the elderly with a few of the commonly used classes of drugs.

Physicians should prescribe sedatives and tranquilizers with caution. The complaint of insomnia must be investigated carefully, since serious sleep disorders are not a common problem in healthy old people. If not merely a reflection of daytime naps or bedtime coffee, insomnia is most often a manifestation of disturbed health, and a sedative may do more harm than good. The underlying problem is often bodily discomfort: pain, itching, a full bladder or bowel, and dyspnea and/or nocturia accompanying mild congestive heart failure may all present as "insomnia." Incidentally, it must be borne in mind that the somniferous drugs are not analgesics.

Anxiety and depression, as well, often manifest themselves as sleep disorders. Confusional states can complicate the issue; these may result from a variety of mechanisms —physiologic, pharmacologic or environmental, including loss of memory for recent events, strange surroundings (including the hospital) and specific stresses of the night such as fear of wetting the bed, darkness and unfamiliar noises.

A sudden change in the mental state of an elderly patient usually reflects either an underlying illness (bleeding, dehydration, congestive heart failure, urinary retention, fecal impaction, cerebrovascular accident) or the effect of a drug (barbiturates, tranquilizers, digoxin, anticholinergics).

When sedation is indicated, chloralhydrate is usually better tolerated by old patients than are barbiturates. But persistent use of any bedtime sedative eventually becomes self-defeating, and habitual users of barbiturates or chloralhydrate have been shown, under experimental condition, to sleep no better than do unmedicated insomniacs.

The prevalence of arthritis and rheumatism in the elderly, and their tendency to self-medicate with analgesics, results in many cases of iron deficiency anemia due to occult aspirin-induced gastrointestinal bleeding. Acetaminophen, although less likely to incite gastric bleeding, is not an anti-inflammatory agent and hence is of less value than aspirin for most rheumatic disorders.

Elderly patients are especially susceptible to gastric distress and salt retention from phenylbutazone and exyphenbutazone. Some studies report significant side effects in as many as 60% of patients over age 60 taking these drugs. To minimize toxicity the dose should be limited to no more than 100 mg, given three times daily. Indomethacin, also, must be limited in total daily dose to no more than 75 mg if potentially serious gastrointestinal toxicity is to be avoided. In patients with severe pain who need narcotics, the concomitant use of chlorpromazine may be indicated to potentiate the analgesic action, as it leads to less respiratory depression than would result from larger doses of narcotics alone.

Problems with Levodopa

There are several particularly troublesome effects in older patients receiving levodopa for parkinsonism—postural hypotension, cardiac arrhythmias, and fainting. In addition, the psychologic side effects of this drug, such as anxiety and agitation, may present diagnostic problems. In some elderly patients the anticholinergic drugs also may be associated with mental confusion, delirium or hallucinations, which are only rarely produced in younger patients except by very high doses. And the physician should keep in mind the fact that pyridoxine, a common ingredient in "geriatric" multivitamin preparations, antagonizes the action of levodopa.

Many studies have documented the prolonged half-life of digoxin and other digitalis glycosides in the elderly. This delay in excretion, combined with the potassium deficiency induced by diuretics, diet or diarrhea, may account for the currently high incidence of digitalis toxicity in the elderly. Its most common manifestation is cardiac arrhythmia—of almost any variety; mental changes such as confusion or delirium may also occur. The dose of digoxin in a patient of 70 should be about half that prescribed for a person in his thirties, based solely on the reduced renal capacity associated with old age. In addition, there should be frequent re-evaluation of maintenance digitalis needs —as well as the need for digitalis maintenance—in the elderly patient.

Maintaining a "normal" blood pressure in a hypertensive patient in his seventies or eighties may not be an appropriate therapeutic goal. To achieve this goal, older patients must run the risk of postural hypotension several times each day. As with younger patients, the dose of antihypertensive drugs should always be guided by blood pressures taken with the patient standing. Consideration must be given to maintaining adequate cerebral circulation at all times. It is a Pyrrhic therapeutic victory indeed to achieve "control" of an elderly patient's hypertension at the cost of creating a drowsy, depressed, confused, unsteady, fainting, chair-bound invalid.

Excessive bleeding from anticoagulants is a much greater hazard in older patients than it is in young ones. In addition, the memory de-

ficit for recent events so often seen in the elderly makes outpatient treatment a risky venture when, as with the anticoagulants, it is critical that drugs be taken in exact doses on a rigid schedule. Many drugs interact with coumarin anticoagulants to produce either potentiation or antagonism of their anticoagulant effect. The scope of drug interactions cannot be covered in this brief review, but the hazard of prescribing multiple drugs in older patients must be borne in mind. (A recent study showed that patients who followed their doctors' orders precisely had many more drug-related problems than those who did not.) Interactions are particularly common with anticoagulants, tranquilizers and sedatives, and antidiabetic agents.

In conclusion, I will summarize a few key principles to keep in mind when prescribing for elderly patients:

Older people are smaller than they look.

Older people do not excrete drugs well.

Postural hypotension is an ever-present hazard to old people.

Old people often make mistakes in their medication; the chances are good that some of your patients are not taking what you think they are. With each prescription, then, we must ask ourselves:

Have I chosen the safest drug?

Have I selected the appropriate dose?

Are my instructions to the patient clear, simple and legible?

Have I indicated a time limit? (Institutional orders should be for three to six days only.)

On outpatient prescriptions have I ordered that the name of the contents appear on the label? (My own prescription blanks are printed with a place to note contents on the label.)

Did I tell the patient that I want to see him in 30 days for a reevaluation?

And last, but far from least, Is this prescription necessary? ◄

600 Cullen Ave.
Evansville 47715



Drug Therapy in Geriatrics

EDWARD J. WOLFGANG, R.Ph.
Evansville

THERE is little that I can add to Dr. Baker's excellent presentation except to reinforce several points which he made and to mention several additional concerns. Recent studies have been made to determine the degree of missed doses of medications when the patient is left on his own to administer his own drugs. Studies show that a great many geriatric patients miss taking their medications for several reasons:

1) The directions for taking the medicine may not be complete or may not be fully understood by the patient.

2) It is not unusual for a geriatric patient, or indeed, a patient of any age to stop taking their medicines when they begin to feel better. Therefore, if a certain course of drugs is to be taken, the directions should be very explicit as far as the duration of the course. For example: "One tablet, 4 times daily, half-hour before meals and at bedtime for 10 days."

3) It is not unusual for a geriatric patient to forget the contents of a prescription and therefore stop taking the medicine. It is advisable, therefore, to instruct the pharmacist to place the name and strength of the drug on the label. This is also very useful when an overdose, accidentally or otherwise, occurs.

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Presented at a clinical conference at Deaconess Hospital on February 13, 1973.

An additional geriatric drug problem is the practice of many elderly patients to take proprietary or "over-the-counter" drugs in addition to prescribed drugs. In an outpatient clinic at a southern university hospital one woman patient, when asked, could not recall just how many drugs or what kinds of medicine she was taking. She agreed to gather them up and bring them in at her next clinic visit. She brought a large sack containing 25 prescription containers and 26 proprietary medicines for a total of 51. She admitted taking all of them simultaneously, including seven depressant drugs and a couple of mood elevators which had been prescribed by one physician and filled by one pharmacist over a six-month span!

The Fewer, the Better

A local example of too much medication occurred here at Deaconess last year. An elderly patient was admitted to our hospital. She brought with her eight different drugs including two anti-hypertensive drugs, several sedatives, and two different anti-anxiety drugs plus an electrolyte supplement. Her blood pressure was out of control and she was hallucinating. A consultant was asked to see this patient and his first suggestion was to suspend all her medications. Within 48 hours she vastly improved and now is at home on one anti-hypertensive drug and her electrolyte supplement.

At Deaconess Pharmacy all take-home medications are given directly to the patient or his representative at the Pharmacy by a registered pharmacist. Any special instructions concerning the use of these individual medications are explained to the patient. For example: "Be sure to keep this preparation refrigerated between doses," or "Please note that your physician wishes you to take this medicine at least a half-hour before your meals," or "Be sure to chew these tablets thoroughly and follow with a large glass of water." It is not unusual for us to have a patient ask "If I begin to feel better, can I stop taking my medicine?" Our instructions are always to advise the patient to take the medicine exactly as prescribed and to consult the physician if there are any questions. I urge every physician to write full directions on each prescription. A label whose instructions read "Take as directed" frequently confuses a geriatric patient.

One last item of interest concerns a study made at Walter Reed Hospital in June 1971, by Drs. Irvin, Weitzel and Morgan.[1] A study was made of patients in the psychiatry service by comparing the open wards where patients took their own medicines with patients on home leave who also took their own medicines. They discovered that 32% of the patients in the open wards and 63% of the patients on leave, were not taking their phenothiazines. Also, they discovered that 55% of the patients on thioridazine were not taking the drug, while only 15% of the patients on chlorpromazine were not taking the drug.

They concluded that the absence of minimal side effects in the thioridazine patients and the presence of minimal side effects in the chlorpromazine patients may induce the patient to continue with the chlorpromazine since the drug appears to be "doing something." Also relevant to the above, Willcox, Gillan and Hare[2] in 1965 found in their study that chlorpromazine patients who experienced side effects took the drug more frequently than did those who experienced no side effects.

Care should be taken to see that all patients take each dose of the proper medication at the proper time and for the proper length of time. A prescription written with precise and complete directions for use will do much to insure this.

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Personal View [British Medical Journal]

DR. GEOFFREY BURSTON
Bristol, England

I felt rather frail the other week and started to develop some generalized aches and pains, which I did not feel really could be dismissed as due to my age, or—equally reassuringly—to particular morbid pathology. After a few days of self-medication without much improvement I consulted my family doctor, who rapidly confirmed that nothing serious was amiss and prescribed appropriate medication for me with rapid, almost instantaneous, relief of symptoms. I became better but found it quite a struggle to complete the course of treatment prescribed though I knew that for cure it was essential. I am glad I persevered, though I am sure what basically made me finish the very last antibiotic tablet was the doctor's parting words as I left his surgery to the effect that he thought that injections might be needed if oral medication failed.

This whole train of events set me wondering about the problems of medication. Why, I wondered, had I finished off the tablets? Was it just the threat of the needle or perhaps it was my North Country ancestry showing through. I had paid for the medication (though reference to MIMS showed I'd got it on the cheap) and I was therefore going to get my money's worth even though the medicine tasted foul. Perhaps there is some truth in the old wives' tale that the worse it tastes the more good one feels it does. Like many old wives' tales there is probably a grain of truth in it. Look at all that nonsense about dying of a broken heart, which was proved to be basically true a few years ago—at least among elderly, recently bereaved, men. I suspect that like many patients my consumption of all the medicine was more by luck than judgement. All doctors must be aware of the repeated failure of many patients to take the prescribed medicine at the prescribed time and for the prescribed duration. A look in almost any medicine cupboard in any bathroom in any average household will show this to be true.

Several months ago a lady in her late 70s and partially sighted was admitted to my care as an emergency case because she had become severely confused at home and could no longer care for herself. Her friend, who accompanied the patient to hospital, had the forethought to bring in the old lady's medication. On inspection it appeared that this nearly blind soul was taking: digoxin, frusemide, ampicillin, salbutamol, diazepam, chlormethiazole, paracetamol, aminophylline suppositories, chloramphenical eye drops, and ear drops—and she was also using an isoprenaline inhaler. For good measure she also apparently took nitrazepam at night together with a healthy "nip of brandy" to swill the night sedation down. The friend was quite certain that this medication was regularly consumed. My house physician who admitted the patient identified most of the medication though none of the bottles was labelled with the contents. His comment about wondering how this poorly sighted lady managed to get the right medication into the right orifice at the right time was, I felt, most appropriate. The instructions on the bottles, written in best minuscule chemist's writing, also left one reeling; perhaps the strangest instruction this man had received from the prescribing doctor to pass on to the virtually blind old lady was on the "digoxin" bottle which said in Parkinsonian-type writing "take one when required." Medicated madness, especially among the elderly, is upon us. This particular patient required but two of the twelve assorted medicines and removal of her cataracts to correct her blindness to such an extent that she could manage independently again in the community.

Such cases are, of course, fortunately at the extreme end of the spectrum but are they really as rare as we believe or hope? Modern medication is so very powerful, and, as one of our most respected senior colleagues pointed out the other day, "we should be very cautious of administering a variety of potent medicines at the same time unless we know what we are about." Sir Robert Hutchinson's prayer that he used to quote to his students sums up the doctor's dilemma: "From making the care of the disease more grievous than its endurance, Good Lord Deliver Us." Often when patients are severely ill, especially the

From the 10 March 1973 *British Medical Journal*. Reprinted with permission of the author, editor and publishers. Dr. Burston is a consultant geriatrician at Southmead Hospital, Bristol.

elderly who may have more than one major disease active at the same time, it is imperative to prescribe multiple medication to contain and subsequently win the fight for the patient. But as we learn more and more about drug interaction and therapeutic incompatibilities, the words of Sir Robert Hutchinson become ever more significant. It comes as a pleasant surprise the first few times when one has the courage of one's convictions and regard for the patient's comments that the medication is not suiting, to find that the patient continues to improve when all or most of the drugs are crossed off the prescription sheet.

Many geriatricians find part of their job involves eradicating unnecessary medication prescribed with the best intention to their elderly patients. The hypotensive agents given to the octogenarian whose hypertension is truly essential to maintain cerebral circulation so often precipitates life-threatening or even lethal postural hypotension. The "tonic" prescribed to the Parkinsonian patient which invalidates all the benefit of the accurately prescribed levodopa because it contains pyridoxine are but examples. There must be a case for each of us at times to review our prescribing habits and contemplate the philosophy of one of my colleagues who says with a modicum of pride in his voice that he is a professional "therapeutic nihilist" or, as one Irish friend said once, "the best medication for the patient is that which is left in the bottle."

So much medication today is prescribed by rote. I recall one elderly lady giving me 18 bottles filled with phenylbutazone tablets and another 18 filled with 60-mg phenobarbitone tablets, each set dated over an 18-month consecutive period of time. All told, the bottles contained 3,600 tablets. She handed them to me in a large paper bag saying "I don't need these anymore; I have no arthritic pain and sleep well at night, but he still gives them to me every month." ◄

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Our Junk Yard: A Study of the Social Background and Habits of Drug Users in a Small Hoosier Community

JOHN R. CRISE, M.D.
Portage

THIS article is being submitted to elaborate in more detail the drug problem in smaller communities. Its author has been in family practice in one community for the past 12 years. The information presented has been gained through specific drug programs in use in this community for the past four years.

The community involved is one with a population of nearly 20,000 people. It is a young community with an average adult patient age of approximately 35 years. Its primary source of income is derived from local and nearby industry. It is in close proximity to a large urban center with easy access to drugs.

About four years ago the full impact of the drug problem in this community became apparent. Over a short period of time four young people, in the range of 15 to 23 years of age, died as a result of drug overdosage. Their deaths were either the result of suicide or accidental overdosage of drugs. At the time there were no apparent similarities in their lives other than the fact that they were all males and were all heavy drug users. About the same time a quantity of heroin was found on one of the grade school buses, a fact which precipitated renewed interest in the drug problem.

Like most middle-aged fathers with two children in the local school system, this author became suddenly more interested in the local drug problem. Talks to PTAs, business and professional groups, etc., became a weekly chore. Committees were formed: Committee A was formed and then reorganized in favor of Committee B, which was ultimately disorganized in favor of county-wide Committee C, which was de-emphasized in favor of reorganization of local Committee A. This just about committeed everyone out.

In all attempts to acquaint the community with the drug problem, no real impact could be made. The only specific instances of drug users in a community to which one could relate were the well-known drug communities in major cities. Even though several members of the audience might have a family member on drugs, one could not, for ethical reasons, use them as examples.

The audiences asked for a well-circumscribed, definable lesion to which they could relate, and at that time there were no reasonable answers to their questions. As one member of the audience so bluntly put it, "If there are so many junkies in town, where's the junk yard?" As a result of inability to answer their questions, this author began some specific programs of his own in order that the drug problem in this community might be better illuminated.

Method

I. A Free Treatment Program for High School Students:

This program was established with the blessing of the local law enforcement agencies and set up in such a manner that local high school students could be seen by a physician without an appointment, without cost, and without the knowledge of their parents being a necessity.

II. *Free Treatment of Drug Addicts in the Local Jail*:

This program was widely accepted by the legal authorities as it kept withdrawal symptoms in the jail cells to a minimum. They also felt if the knowledge of a sensible withdrawal program in the jail became widespread amongst heroin addicts, they might be less apt to resist if caught in a burglary attempt.

III. *Attempt to Rehabilitate a Drug User*:

This program came about after a discussion with parents (close friends of the author's) concerning their child. With their aid an attempt was made to change the environment in such a fashion that the drug dilemma she was in might be solved. There have been claims that drug addicts might be more successfully treated than alcoholics as it would be simpler to transplant them

into a drug-free environment. The rather quick development of free-association also made many of this patient's statements believable.

Results

An attempt will now be made to evaluate who in the community uses drugs, what drugs they use, and what their reasons are for using drugs. The results relate only to this community and possibly no assumption should be made that other communities might have similar problems. The percentages arrived at were made by the "educated guess" method and should not be considered as completely accurate. The term "drugs" relates to drugs other than alcohol and tobacco.

I. Who Uses Drugs?

It would be most convenient at this time to categorize those other people on drugs in chronological order. Any other division, i.e., psychological or sociological, would be foolhardy for someone not well trained in those specialties.

A. *Upper Grades Through High School*:

It would be safe to state that at the present time 90% plus of our high school students have had some experience in the use of drugs. Approximately 30% of those children in junior high school and a somewhat lesser percentage of the upper grade levels have had similar experiences.

It seems likely that the majority of these children are curiosity seekers only, not unlike the use of alcohol 20 years ago. There is a continuous supply of drugs available because of that ever-present, small group of youngsters in the school system who are continuously using them. They obtain their supply on weekend ventures to neighboring urban centers or from local suppliers and return Monday morning to resupply their classmates. They are not "pushers" in the true sense of the word as they most often give away their supplies, deriving pleasure from the popularity gained by this act.

When asked about the drug programs and the free flow of drug information, they readily admit that the dissemination of this information offers them ideas on what drugs to use and how to obtain them. Several stories were related to this author concerning reports appearing in the newspaper about marijuana fields in the North Central section of Indiana. Two or three days after the appearance of the articles, the kids visited the fields and obtained all the marijuana they could lay their hands on. This author can also recall the case of a young male patient who read in a newspaper article the fact that atropine or its derivatives in large doses might cause hallucinations. That evening he purchased a powdered asthma formula (manufactured for the purpose of being burned in an incense burner) from a local drug store, and put the powder into solution and "shot it" intravenously. He did develop hallucinations!

The majority of this group either mature rapidly enough or lack the basic psychological defect necessary to make the continued use of drugs desirable to them. They use drugs once or twice, or at the most, infrequently for four or five years.

B. *That 2 to 3% of High School Students Who Find the Continued Use of Drugs Necessary*:

This group has certain specific psychological and sociological characteristics. It is the largest (patient X time on drugs) and the most important of the three groups. It will, therefore, be more fully discussed as it is from this group that the true heroin addict is derived.

Psychological Characteristics:

Virtually all of this group exhibit marked and significant symptoms of depression. None of them has any certainty as to what adult life is all about. None has any realistic long-term goals. Nearly all of them have a tremendous fear of growing old and often consider death at an early age a satisfactory alternative. They readily admit that the use of drugs not only offers them a method of withdrawal from reality, but also might in some sense be a slow method of suicide.

Sociological Characteristics:

The parents of these children were for the most part permissive and those that appeared on the surface to be strict really could not stand behind their decisions and therefore became easily manipulated. Most of the parents involved were neither socially nor financially successful. Those that were successful (by our standards) failed to convey that fact to their children. The conversations and daily living habits of the parents gave them the impression that the parents were unhappy and were not living up to the idealistic goals being taught these children in school. Therefore, these children felt that their parents were generally unhappy most of the time and did not want that kind of existence for themselves when they grew up.

A Migrating Commune:

These parents now find themselves in the position of no longer being either morally or financially able to allow their children to continue their permissive ways and therefore the children become rebellious. If depressive symptoms co-exist, certain events begin to occur. Many simply run away from home (more than 60 in this community alone last year), and to a certain extent therefore no longer become a problem of this community. Many of this

group found the marriage outlet an attractive one and very often married before graduation and became high school dropouts. They quickly discovered that they had jumped from the proverbial frying pan into the fire. They eventually found themselves disliking each other and their children and soon became divorced. The husband, being in the same "psychological boat" as his wife, failed to support his family following the divorce. The community therefore accumulates a group of 15 to 20-year-old divorced mothers with no means of support and fathers (ex-husbands) who themselves are unable to function well in society.

The situation now becomes ideal for the small town migrating commune. None of these young people desire to return to the parental situation that they had tried so hard to leave. The young men have little difficulty in finding a place for themselves. The young divorced mothers usually have two immediate and temporary solutions to their problems. (1) They find themselves in the position of living-in with a working male and using their welfare checks to help support the group. Very often there is more than one woman (with children) within the same household. This situation remains intact until some incident makes further companionship impossible, and they then seek out another social-sexual companion. This situation may change as frequently as every two to three weeks. (2) They go on welfare and supplement their income with part-time employment. Often the social workers have a subconscious dislike for these young drug users and threaten to decrease their welfare payments in an amount equal to their salaries. They, therefore, may have several social security numbers and aliases so that the welfare department cannot discover their supplementary income. This situation requires a non-paid babysitter. They, therefore, seek a male friend who serves this function as well as their social-sexual companion. He does very little other than the aforementioned functions. Again, this situation may change from week to week.

The use of drugs in this group, for many reasons, becomes attractive. Despite the fact that there is more than one source of income, the net income remains barely enough for their existence. They cannot even afford the basic social activities that more affluent members of our society enjoy. Drugs, therefore, may become their entire social existence. Drugs are relatively inexpensive to obtain and their source is already known to this group. The mind-altering effect gives them temporary relief from their depressingly pitiful existence; and, besides, there can be money made from the processing and sale of drugs as a sideline!

It is difficult to determine what happens to the majority of this group. It seems as if they almost vanish after the age of 30, like late maturers, save those who go on to group C. Certainly many die as the result of suicide, accidental overdosage, hepatitis, and other infectious diseases. However, the exact number or percentage is not known.

C. *The Heroin Addict*:

This group is a small percentage of the previous group who by great misfortune chose to begin the use of narcotic drugs (mostly heroin). It is an easy group to follow, as the necessity to support their habit forces them into lives of crime and prostitution. One needs only to visit the local jails and read the obituary columns to know the fate of each and every one. It nearly represents a terminal illness. Their usual fate is suicide, death by infectious disease, accidental overdosage of drugs, or the end results of their lives of crime.

Control of withdrawal symptoms with oral declining doses of methadone in the jail was a relatively easy procedure. Knowledge of methadone availability seemed more important to them than its actual use. The addicts themselves felt, and this author agrees, that withdrawal is about 75% psychological and 25% physical. And the addicts themselves readily admitted that once successfully withdrawn, they still could hardly wait to get out of jail and begin the use of heroin again for its euphoric effect. Indeed many had the opportunity to repeat their stories on subsequent arrests. One of them even tried to justify his habit by claiming that his talks to young people as an ex-heroin addict were vital to drug abuse programs!

The heroin addict described is one derived from this community. One that has gone through the aforementioned pathways to arrive at his addictive habit. Reports that heroin addicts returning from Viet Nam may be more easily cured bear no relationship to this *local* addict and his chance for cure. The addicts returning from Viet Nam often find heroin too difficult to obtain and often refuse to change their life style in order to maintain their habit. This author knows of one heroin-addicted, Viet Nam veteran who reenlisted for the express purpose of being sent back to the country where heroin had been so easily obtainable, and where, despite its use, he could remain respectable in society. Despite letters to appropriate congressmen he was allowed to do just that!

II. The Drugs They Use

It is probable that every known drug available has been used by

every known route of administration. Everything from heroin to melted-down vitamin capsules intravenously, inhalation of every known hydrocarbon, and oral ingestion of every known chemical has been tried. If it were possible to control this group somehow, the FDA could learn much about the effects of most drugs on the human body by any route and of any dose.

Although there are a multitude of agents used, the common four social drugs were amphetamines, sedatives, marijuana, and LSD. Though the effects of these drugs are well known, some interesting facts concerning the processing and use of LSD and marijuana were brought up in conversations with these drug users.

Marijuana:

Marijuana is the most socially used of all of the agents available. Its availability is from two primary sources, local suppliers or self-processers.

Self-processing of this plant is relatively simple in this area. The plants grow wild and abundantly in the spring and summer and are harvested in the summer and fall. Once a field has been discovered, a group of young men pick the marijuana during darkness, place it in plastic garbage bags, and leave it at a predesignated hiding place near the picking site. The following day one of the young women in the group picks up the bags full of green marijuana plants using a relatively inconspicuous automobile. The green marijuana is then dried either naturally on their roofs or in a clothes dryer. If a clothes dryer is used, the neighborhood reeks with the odor of burning marijuana; if it is dried on the rooftops, the risk is run of someone spotting it. The dried leaves are then crushed to the consistency of smoking tobacco. It is then necessary to remove the seeds from the leaves as they tend to "explode" during the smoking process. This is accomplished by passing the dried, crushed leaves over a book or magazine open to its center; the seeds drop into the center crease as the tobacco is pushed across it. The processed marijuana is then placed in small plastic bags for their own use or for sale to their friends. Several young women bought their children's fall school clothes with the proceeds of such sales.

Its use is not unlike the use of alcohol. They sit about in a group until they are all "stoned." They describe the feeling as loss of inhibition, rapid thought processes that make sense only to the individual. They apparently become extremely frustrated from the inability to make their thoughts understood by other members in the group. Sexual activities are not necessarily augmented by this drug and many feel that sexual intercourse is totally undesirable under its influence. The drug is often used as a prerequisite to listening to rock and roll music.

LSD (and Other Hallucinatory Drugs)

This drug is also commonly used, sometimes as often as three to four times a week, when available. Its use is called "a trip" and to the user it is truly an exciting experience. The effects last six to twelve hours, and they look forward to its use with the same enthusiasm as many would a trip to the Bahamas.

Users are well aware of the fact that the best method of using LSD is in its in-solution form. The drug in solution is such that one drop of solution is one dose. The drops are placed on blotter paper, and then the paper is cut into squares so that each square is one dose. The drug is also available in tablet form, but its effects are not as uniform when manufactured in this manner. The small size of the paper squares makes the drug easily hidden so that a large number of doses can be carried on the person without too much worry of having it discovered during a personal search.

LSD users are called "acid heads" and a good acid head knows when and when not to take the drug. They know that if for any reason they are in a bad (or down) mood, its use will result in a bad trip. The term "bad trip" apparently means depressing thoughts while under the effects of the drug. However, every one of them felt the wasting of one dose of LSD to be the *"Big loss."* They will uniformly chuckle at attempts to "scare them" with the tales of permanent mental disorders with comments along the lines of "don't knock it if you haven't tried it." A comment that has more merit in its impact than in its verification —and they know it! They take the drug frequently and are therefore convinced that there are no ill effects from its continued use.

The universal feeling among LSD users that the drug is mind-expanding was verified by the conversations with this group. The *acid* rock music so popular among LSD users is apparently written under its influence and therefore cannot be fully understood unless the listener is also on the drug at the time. Very often they take the drug in such a fashion that its effect will begin upon arrival at the scene where such music is being played.

Under its influence one in the group can suggest an illusion and all in the group can then share in the same illusion. They can sit about and look at an album cover of psychedelic nonsense and discuss its minute detail for hours. On one occasion a patient called this author at the hospital in the early morning hours stating she had taken LSD and needed someone to talk to. The only in-common item at hand was the local telephone directory, and she literally discussed its cover for hours. Another occasion related to

this author was a time when a young male member went to the bathroom and accidentally dropped cigarette ashes in the white porcelain tub. He was at that instant terrified as they appeared to be black parasites crawling about in the tub. He called the remainder of the group into the room and they subsequently all shared his illusion for hours.

Inquiries were made concerning increased sexual behavior under the influence of LSD and the replies were unanimously negative. It was their universal feeling that sexual intercourse was much too difficult a feat with their minds so active. On only one occasion was attempt at intercourse admitted to this author. The act frightened the female partner extensively because of the slowness and magnification of her male counterpart.

They apparently can drive about freely in their automobiles while under its effects. Although they deny having difficulties doing so, there were several incidents of accidents and traffic violations of young users while under the influence of LSD. On one occasion this author found himself following behind a patient driving a car and waving a lighted cigarette about in a circular fashion. It wasn't until later that this author learned that the patient was busy observing the after-image effect that such a maneuver makes while under LSD influence.

III. Why Do These Young People Use Drugs

It might be wise at this time to reiterate the fact that this author is not a psychiatrist; therefore, no attempt is made to determine any definite psychiatric or social disorder as an etiological factor in their drug use. Only a summary of their symptomatology is intended in order that in-common symptoms might indicate a trend.

Many of the psychiatric symptoms and social problems have been mentioned previously. Although a multitude of psychiatric symptoms were presented, the symptoms of depression were the major in-common psychiatric complaints. The fact that the most common terminal event in their lives was suicide, or incidents related to suicide, points to their depressive thinking. Surprisingly, all the suicides were male patients, and all of them found themselves literally alone or with the feeling of being deserted at the time of their deaths. It would seem likely that the women in the group would have much less difficulty finding companionship and are less aggressive by nature.

Their whole way of life indicated that the one single factor they tried at all times to achieve was fulltime companionship. Their homes saw a continuous flow of friends in and out 24 hours a day, seven days a week. Indeed, in the one instance where rehabilitation was attempted, although a new environment was provided, along with an adequate source of income, the patient required her boy friend to stay at home virtually all the time. She even refused to allow him to work and thus add to their income. The only time the situation became critical occurred when, after a family quarrel, the boy friend would leave for a few days. She would literally leave the house except for picking up the children after school and returning the next morning with her children to put them back on the school bus.

The manner in which they used amphetamine-like drugs was another indication of their depressive symptomatology. Although they frequently used amphetamines, the dosage was rarely as high as might be used for appetite control. They almost seemed to sense that lower doses of amphetamines gave them the desired anti-depressant effect. In fact, amphetamines at times were useful in combatting or preventing acute depression. Their entire way of life seemed to be a self-designed attempt to combat their depressive symptomatology.

Although early in the course of treatment psychiatric help was suggested, none of them would agree to accept this form of therapy—even though it was offered free of charge. They were even reluctant to take the simplest forms of psychiatric evaluation (MMPI).

Some Ways of Being Manipulated by These Patients

It might at this time be informative to list some of the methods that these young patients use to obtain drugs from physicians. Here are some methods put to this author other than the usual over-the-phone stories of losing the drugs or the prescriptions.

I. Stealing the prescription pads at the time a prescription is written, and then forging the prescription several times. In that way there is record on the chart of such a prescription being written.

II. Having one obese member of their group consult several physicians for a weight-loss program. Each physician would write prescriptions for anorectic drugs and each would have a bona-fide record of weight loss.

III. By accident or intent discovering a patient at our office who was on a desired drug. Then calling the weekend on-call physician and telling him they were leaving town for a period of time and asking to get the prescription filled before they leave town, givign the bona-fide patient's name. If the records were checked, it appeared on the surface to be a bona-fide patient.

IV. Using a temporary medical

illness to obtain analgesics from numerous physicians i.e., interval between diagnosis of cholelithiasis and cholecystectomy.

V. If one member of their group received a desirable drug for a certain set of symptoms, others presented themselves with the same set of symptoms, hoping for similar prescriptions. Nearly all of them were on Medicaid and, therefore, office visits were not prohibitive.

VI. Calling or coming back to the office a few minutes after an office call claiming they had failed to pick up their prescription.

Summary and Conclusions

A four-year study of drug users was done in a small Hoosier community. The study was done in order to examine their social habits, social backgrounds, psychiatric symptomatology, types of drugs used, and the ultimate outcome of long-term drug use.

The study showed that most students in the upper grade thru high school levels used drugs as curiosity seekers only and that their use was not for prolonged periods of time. The small percentage that chose the continued use of drugs came from families who were permissive and left their children in doubt about the values of "growing up." The in-common psychiatric symptoms were those of depression. This group formed a sort of migrating commune within our community in such fashion that it almost appeared to be a self-treatment program for their depression.

Some of the drugs used were described, the most popular ones being those that offer temporary withdrawal from reality.

The remarkable decline of this group after age 30 seemed best explained by late maturity, suicide, accidental death, death secondary to infection or conversion to heroin addiction. Conversion to heroin addiction closely resembled a terminal illness.

No definite solutions to this problem can be offered following the study of these drug users. There is the possibility that financial aid contingent upon both psychiatric treatment and vocational rehabilitation might be worth attempting.

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CANCER CORNER

WILLIAM M. DUGAN, JR., M.D.
Chairman of Professional Education,
Indiana Division, American Cancer Society, Inc.
2702 E. 55th Place
Indianapolis 46220

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MANAGEMENT OF CHILDHOOD CANCER
2:30 p.m.-5:00 p.m.
TUMORS OF THE ABDOMEN
Friday, May 17, sessions:
9:00 a.m.-12:00 noon
SOFT TISSUE SARCOMAS
CANCER OF BONE
2:00 p.m.-5:00 p.m.
TUMORS OF THE CENTRAL NERVOUS SYSTEM
HODGKIN'S DISEASE AND NON-HODGKIN'S LYMPHOMAS
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#232 HODGKIN'S DISEASE — DIAGNOSIS AND MANAGEMENT, Lillian M. Fuller, M.D.

#213 COMBINED TREATMENT OF RHABDOMYOSARCOMA IN CHILDREN, Jordan R. Wilbur, M.D.

LITERATURE AVAILABLE

'74 CANCER FACTS AND FIGURES—contains statistical information and discussion concerning cancer problems which are predicted to occur in the United States in 1974—31 pages.

CANCER STATISTICS 1973—a 27-page booklet reprinted from *Ca- A Cancer Journal for Clinicians* 23:1-27, 1973; comparative figures are illustrated for a variety of cancer sites indicating increases and decreases through the years 1910 through 1970.

THE NURSE AND BREAST SELF-EXAMINATION—a pamphlet explaining the nurse's role in instructing patients in the technics of breast self-examination.

PROCEEDINGS—SEVENTH NATIONAL CANCER CONFERENCE

The Proceedings of the Seventh National Cancer Conference which was held in Los Angeles in September 1972, are now available and may be purchased from the publisher, the J. B. Lippincott Company, East Washington Square, Philadelphia, Pa 19105, for $17. Papers published in the 968-page volume cover the following topics: Genetics and the Cancer Cell, Epidemiology, Viral and Chemical Carcinogenesis, Immunology-Human Cancer, Chemotherapy, Surgery, Radiotherapy, Head and Neck Cancer, Female Pelvic Cancer; Breast Cancer; Leukemia; Lymphomas; Gastrointestinal Cancer, Tumors of the Endocrine Glands, Skin Cancer, Lung Cancer, Genitourinary Cancer, Cancer of the Central Nervous System, Childhood Cancer, Bone and Soft-Tissue Sarcomas, Rehabilitation of the Cancer Patient, New Frontiers in Cancer.

CANCER CORNER

Each month the "Cancer Corner" page will be published in the ISMA *Journal*. Contact Dr. William M. Dugan, Jr., Indiana Division of ACS (address above) with specific concerns which could be discussed on the "Cancer Corner" page. ◄

From THE JOURNAL 50 Years Ago

Syphilis of the lungs may often be suspected, but seldom is proved. However, modern investigators have broadened our understanding so that the diagnosis of the disease during life has been made a somewhat more simple task. In the presence of other manifestations of syphilis, pulmonary pathology otherwise not explained tempts the clinician to make a reserved diagnosis of pulmonary syphilis.

In the study of the clinical manifestations of pulmonary syphilis, one again finds a wide variation of opinion among the writers upon the subject. Osler aptly remarks that "all are agreed that the lungs are rarely attacked in lues, few are agreed as to the distinctive features of the lesion, and still fewer as to the clinical symptoms."

The diagnosis of the condition when made is usually by the process of exclusion, although if the physical signs are elicited about the hilus or at the base of the lung the diagnosis of tuberculosis should be questioned and the possibility of lues be given due consideration. A valuable aid in the confirmation of such a diagnosis lies in the therapeutic test. Tuberculosis will show no improvement following anti-luetic treatment, while if the condition be a syphilitic one it will markedly improve, barring, of course, the symptoms that are due to permanent fibroid changes in the lung.

If in the presence of pulmonary pathology the often repeated sputum tests for tubercle bacilli are negative, other syphilitic stigmata are present, such as bone lesion, keratitis, indurated testicle, or if the Wassermann test be positive, the diagnosis of syphilis of the lung should be seriously considered, but it must be remembered that syphilitic and tubercular infection may be associated in one case and that a positive Wassermann does not prove that the existing lung pathology is luetic. . . . Frank E. Sayers, M.D., Terre Haute, "Syphilis of the Lungs," JISMA, March 1924.

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THE SCALPEL AND THE PEN

An Appreciation of Our Medical Men of Literature

1. Sir Arthur Conan Doyle

RODNEY A. MANNION, M.D.
LaPorte County

THE immortal Sherlock Holmes was, as we know, created by Dr. Conan Doyle as he awaited patients in his Victorian consulting rooms at Number 1 Bush Villa, Southsea, Portsmouth, England. That he had sufficient time and literary ability is an intriguing story starting really with the family D'Oly, or D'Oel, as it was written in Norman France. There is still a church near Falaise bearing the Doyle family arms of a buck's head.[1]

This family was established in Ireland by the 14th Century as landed gentry but, during the Reformation, it ran against the so-called Penal Laws which were enforced on all who professed the Old Faith. Their lands were confiscated and the Doyles, in the person of Arthur's grandfather John, removed to London. There he became the celebrated caricaturist who signed himself "HB." In understanding the wellsprings of Arthur Conan Doyle's creativity it should be remembered that his grandfather and three uncles are still listed in the "Dictionary of National Biography." These predecessors of Arthur were artists and became men-about-London-Town but, above all, were devoted to the Roman Catholic Church. When Arthur reached manhood he renounced the Catholic religion and told his family he was an agnostic and required proof in all things.

Now, it seems that there was an emerging minority of Catholics in England in the middle of the last century. Their civil rights were being restored but they maintained a close society in which they would use a doctor of their own faith, if possible. The famous uncles, Richard, James and Henry, tried to introduce him to the Catholic community in Portsmouth but he angrily threw the letter into the fire. Thus, he was left without the backing that his own natural heritage would have provided and in that day Britain was well supplied with genteel sons of respectable families who wished to make their way as medical men. Gradually his income rose but not before he had begun his literary work.

Arthur was born in Edinburgh, Scotland, where his father had a minor clerk's position as an architect in the Department of Works at Holyrood Palace. His mother, too, was descended from an unbroken line of Anglo-Irish aristocrats reaching back to the time of the Plantagenets. Although they were now poor, they were determined to get a superior education for Arthur, and they sent him to the Jesuit College at Stoneyhurst, Lancashire, England. He was advised to go to medical school by his mother so that he might have a means of livelihood. Consequently, he enrolled at Edinburgh University and graduated Bachelor of Medicine and Master of Surgery in 1881.

After two brief sea voyages as ship's surgeon, first to the Arctic on a whaler and then to the west coast of Africa, he became assistant to

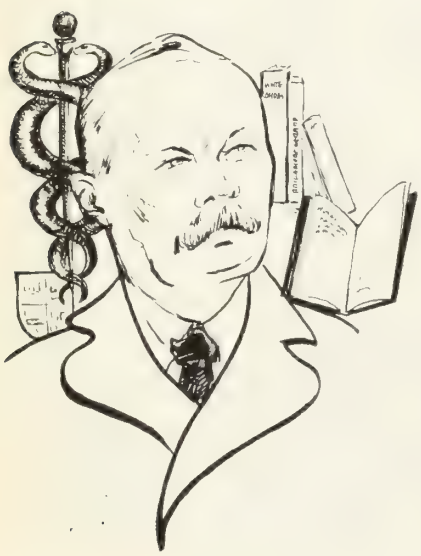
an old medical school colleague in Plymouth, England. This man proved to be something of a medical charlatan and Doyle was forced to put up his own brass plate at Southsea.

An idea of his feeling towards literature can be seen in a letter he wrote to his beloved "ma'am" as he called his mother. This was in 1878 when he was yet a medical student:

"Let me once get my footing in a good hospital and my game is clear. Observe cases minutely, improve in my profession, write to the Lancet, *supplement my income by literature. . . .*" (Italics added.)[2]

It is unclear why this man of magnificent mental equipment did not indeed reach the heights in medicine. The only answer must be that he lacked genuine impetus towards medicine. He was, in a word, a writer-born who took a medical education for practical purposes. He was a humane and intelligent physician of more than average ability, while his gift for writing and other intellectual activity was superexcellent. He did, however, by hard study at home pass the examination for M.D. at Edinburgh in 1885.

His first renowned story, published in 1883, was called "J. Habakuk Jephson's Statement."



This unsigned short story appeared in the Cornhill Magazine and, much to the author's glee, was attributed by the critics to Robert Louis Stevenson! Meanwhile he pursued his practice and continued to write stories, many of which were published in the lesser journals of that day.

He finished "A Study in Scarlet" in April 1886 and the master sleuth for the first time cast fear into the black hearts of the criminal class. Wilkie Collins and Poe had done it before but Doyle's detective was based on the personality of his old mentor at Edinburgh, Surgeon Joseph Bell. They say he could diagnose a man's profession by merely looking at his hands. The publishing houses were unimpressed, though, and the manuscript made the rounds until accepted by *Beeson's Magazine* for their Christmas annual of 1887. Ward, Locke and Co. paid him 25 pounds for the entire copyright!

There were some amusing incidents in the early days of practice which make us smile today. In his first year he didn't net enough to pay income tax (or, as the British say—inland revenue) and his tax form was returned with the annotation, "Entirely Unsatisfactory." Doctor Doyle wrote back, "I entirely agree." Again, after his 10-year-old brother who was "in buttons" as the page, opened the door to a pregnant new patient he called to the doctor: "Arthur! Hooray! It's another baby." It is to be supposed he received a malignant look as his brother said suavely: "Pray step in, Madam."

The practice at Bush Villa had begun to net 300 pounds yearly but was never to go higher but he was just around the corner from his great rise as a literary figure. He determined, however, to become an eye specialist and left for Vienna in December 1890. Here is a quotation from Carr's definitive biography regarding the departure of Doctor and Mrs. Doyle:

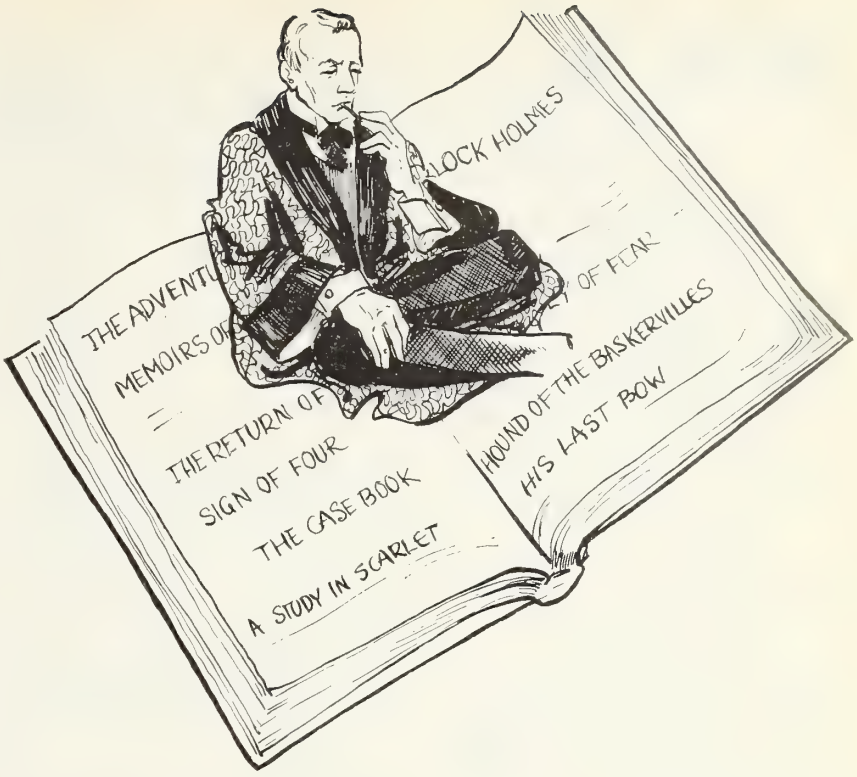
"In the days before leaving, he was amazed at the number of the friends and patients who crowded into Number 1 Bush Villa to shake their hands. One old woman, a patient who remembered how often the doctor had forgotten to send a bill, brought him her most cherished possession. It was a blue-and-white dinner plate, which her seaman son had brought from the Khedive's Palace after the bombardment of Alexandria. It was all she had, she explained; but she wanted the doctor to have it. He could not keep his eyes from blinking."

Knighted for War Work

And so Doctor Doyle, the rising literateur, was no pasteboard doctor but the genuine healer. He spent eight productive years at this profession. Returning from the Continent in 1891, he set up practice in London, near Harley Street, among the fashionable doctors at Devonshire Place and never saw a patient. After surviving a bout of influenza he turned to full-time writing and moved his family to the suburb of South Norwood. He would wield a scalpel again only while treating the British forces in the Boer War at Bloemfontaine in South Africa, for which he was knighted by a grateful monarch. A measure of the Doyle pride is gleaned from a letter to his mother: "The title I value most is that of 'Doctor,' which was conferred by your self-sacrifice and determination. I won't descend from it to another." The cooler head of his "ma'am" prevailed but only by reminding him that to refuse the honor would be an insult to King Edward VII. Many years later the author had Sherlock Holmes refuse a knighthood in 1902 as chronicled in "The Adventure of the Three Garridebs."[5] This was the same year he received his own investiture.

Doyle died with symptoms of congestive heart failure and angina pectoris after a life of prodigious effort and literary production. His widow, Lady Jean Conan Doyle (his first wife, Louise, had died of tuberculosis in 1906) wrote in 1931:

"His literary versatility was truly remarkable. When one considers the wide range of subjects and characters created by that one mind; his historical romances covering several different eras—his sporting novels—his poems—the detective stories—his brilliantly imaginative works, such as The Lost World, The Maracot Deep, his pirate and adventure yarns—his simple human study as embodied in The Duet—his plays—his marvelously accurate and humanly described Histories of the Boer War and the Great War, as well as all his psychic books, etc., how many finely cut facets to be part of one brain! "[3]



As Jean Doyle remarks, "his psychic books." It would seem at this distance in time of 100 years that his early training and family tradition in Catholicism, left latent in his mind, if not faith, then at least a need for belief in a greater existence which in later years was manifested in his interest in Spiritualism.

Doyle expresses his life's hope in some autobiographical musings of his creature, Sherlock Holmes. The epitome of this is narrated in "The Naval Treaty":

"Our highest assurance of the goodness of Providence seems to me to rest in the flowers . . . our desires, our food, are all really necessary for our existence in the first instance. But this rose is an extra. Its smell and its color are an embellishment of life, not a condition of it. It is only goodness which gives extras, and so I say again that we have much to hope from the flowers."[4]

Critically, it can be stated that the author's strength was also his weakness, that is, a moral tone bordering on innocence. His female characters lack dimension (he preferred the "clinging vine"). Now the detective novel demands that characterization be secondary to plot and we learn to know Sherlock and Watson by many poignant prefaces to the stories showing life at 221B Baker Street. Conan Doyle's code of honor prohibited deep penetration into the darker side of human nature which the greatest novelists have, of necessity, to do to convey the true human situation.

One generally unknown aspect of his writing is his mastery of the comic genre. "The Adventures of Brigadier Gerard" and "The Duet" are classic droll comedies. The dishonest medical colleague comes out humorously in the "Tales of Medical Life." He had the Irishman's sense of ironic ridiculousness.[6]

Finally, Doyle was a big man, both in body and spirit. Let it be said that he favored the title "Doctor" over all others and that he invented the most famous character in English literature that has yet appeared. He composed his own epitaph and it is inscribed on the simple cross that marks his grave: "Arthur Conan Doyle, Knight, Born May 22, 1859, Steel True, Blade Straight."

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PSRO or CLOC?

SENATOR Bennett, of PSRO fame, is quoted as saying that the "entire thrust" of PSRO "was to provide an opportunity for physicians themselves, on a voluntary basis and in an appropriate organization, to undertake the review of the quality of care and services provided under Medicare and Medicaid programs" . . . "and do this without being second-guessed by lay bureaucrats." . . . "Each PSRO would develop and apply its own regional parameters of care" . . . and "the members of each PSRO would have the sole power to determine the acceptability of the parameters applicable in the area."

The Senator must not have read the law.

The "opportunity" is in the class of an order to volunteer. The law is compulsory to any doctor who cares for Medicare or Medicaid patients. The lay bureaucrats are all lined up and will get thicker and thicker. The first PSRO boss resigned because he couldn't get authorization for enough bureaucrats.

It has already been announced that the only norms of diagnosis, care and treatment that will be permitted are those approved by the National Professional Standards Review Council.

Senator Bennett is also well known for his statement that confidentiality of patient records would not be destroyed. As a matter of fact, the initials PSRO do not adequately designate the basic law. The initials should CLOC—Complete Loss of Confidentiality.

The PSRO law instructs PSROs to establish and maintain profiles of care and services received and provided . . . and requires that profiles shall be regularly reviewed on an ongoing basis with respect to each health care practitioner and provider to determine whether the care and services ordered or rendered are consistent with the criteria specified in the law.

PSROs are authorized to "examine pertinent records of any practitioner or provider of health care services" and to "inspect facilities in which care is rendered or services provided."

Patients are going to be dismayed by the loss of confidentiality. Doctors should warn all Medicare and Medicaid patients concerning the possible loss of this traditional and important factor in medical practice.

Warning: Poison! Cheap = Dangerous

SECRETARY Weinberger of the HEW has a plan to limit reimbursements for prescription drugs provided under Medicare and Medicaid to "the lowest cost at which the drug is generally available."

This makes a mockery of the clause in the Medicare Law which states that nothing in the Act shall interfere with the proper practice of medicine.

The proposed regulation is all the more ridiculous because it comes at a time when many different drug products, both brand name and generic, have been shown to differ in their bioavailability and clinical efficacy by manyfold.

It brings to mind the famous—or, rather, infamous—instance in which one type of digoxin, although chemically equivalent to the best brand of digoxin, produced a blood level of only one-seventh that of the reliable product.

It also brings to mind the fact that digoxin tablets vary in price by only about 5% between the most expensive and the cheapest. In effect, the government regulation says that if the price of a prescription for 100

tablets of digoxin costs three cents less than the reliable, brand-name digoxin, the patient will, by government edict, be obliged to get well on only one-seventh of the drug that is needed.

The Food and Drug Administration is now demanding that digoxin be tested for bioavailability before being marketed. Previously, this was not done because of limited funds and facilities. The FDA is chronically short of appropriations sufficient to carry out drug assays. Presumably, if digoxin is tested, some other drug product will be removed from the testing program.

No one has ever made anything so cheaply that someone else could not make it cheaper and sell it for less. If the Weinberger regulation is allowed to stand, the drug manufacturer who produces the lowest quality products will have all the Medicare and Medicaid business.

In the lifesaving business a cheap drug may prove to be the most expensive thing in the world.

Fraud: Government Issue

NOT long ago I read that fewer than one-tenth of one percent of the nation's physicians were guilty of submitting fraudulent Medicare claims. I have never read or heard a figure representing the number of physicians who have been defrauded, not to mention defamed and maligned, by our government's Medicare program. I would guess it approaches 90% or more. And, of course, 100% of Medicare "beneficiaries" are victims of this politically motivated fraud.

If you find it difficult to accept these views as valid you are either naive or unaware of the meaning of "fraud."

From its earliest beginnings, Medicare has been represented to be a plan which would provide payments for physicians and hospitals engaged in the medical care of its subscribers. No mention was or has been made of the fact that the pretended underwriter and not the physician would determine the essential and therefore compensable elements of medical care. Certainly there has been no intimation that, in most cases, such determinations would be made independently and summarily by the officials of Medicare. Incomplete disclosure is a hallmark of fraud.

Traditionally, Medicare has been promoted as a program which would help preserve the health and prevent illness among its participants. In truth, however, it provides for payments only in connection with illnesses and thus discourages all health maintenance efforts. Deception is an integral component of fraud.

Completely ignoring the complexities of human illness and the great variation in the amounts of time needed to resolve those complexities, Medicare pretends that every case of pneumonia, for example, can be diagnosed and treated in exactly the same way and in exactly the same amounts of time, as any other case of pneumonia. A ludicrous pretension, even for a layman. Nevertheless, a physician who charges a realistic fee for the time he spends in caring for a patient who is afflicted with pneumonia and Medicare, is denied equitable remuneration. To compound the theft of his time, his patient is informed, in words typed on a financial transaction document, that his physician has overcharged him. There is no suggestion that, in fact, Medicare has under-remunerated the patient or underpaid his physician. Derogation of integrity and honesty is the forerunner and companion of fraud.

In its original form and size, with its restrictions and limitations, Medicare was viewed (probably erroneously) by physicians as providing a fairly reasonable schedule of payments; by economists as a possibly bearable burden and by the public as a real bargain. Since its birth, however, Medicare has, not at all surprisingly, undergone a rapid metamorphosis. From a small foot in the door, it has forced itself in, and is devouring great chunks of our resources. It is demanding more in premiums while giving less in benefits. It has increased the paperwork burden of physicians and hospitals; consequently it has raised the cost and reduced the resources of medical care for everyone. It has destroyed the confidentiality of and wilfully alienated the physician-patient relationship. It is a parasite masquerading as a host. Trickery is characteristic of fraud.—**Mark R. Johnson, M.D.,** *The Journal of the Oklahoma Medical Association,* **December 1973. Reprinted with permission.**

A "New Role" for the Emergency Department Nurse

THE emergency department nurse has, in the past few years, been cast into what is being called a "new role." In retrospect, some of the things that are now commonplace in nursing, such as starting infusions, giving IV medications, arterial blood drawing and monitoring of the life support systems with electrical equipment, were at one time also considered "new roles." In reality these duties are merely expanded and innovative responsibilities coupled with the "traditional" role of the nurse.

When this expanded role occurred, the emergency department nurse found, not to her surprise, but certainly to her dismay that precious little was available in the way of educational materials directed to

this specific field. As a result, emergency department nurses had to introduce programs geared to the specific needs of their area.

With the advent of powerful legislative action on emergency medical service, concentration on education for emergency medical technicians, allied health personnel, or whatever rescue people happen to be called in various areas, plus public awareness through the media, placed the emergency department nurse in a unique "eye of the public" position. In this position she must seek educational opportunities that will help her in her expanded role of having to observe, judge, manage, counsel and teach. One of her most important functions is to use her direct nursing skills to teach the facets of emergency department nursing that make her position unlike that of any other nurse in the hospital.

Because emergency department nurses must assure prompt, skilled, efficient emergency care, they must be deeply concerned in developing optimal utilization of available nursing abilities. No longer can non-emergency trained general nursing staff be depended upon to relieve in or work sporadically in the emergency departments. In fact, EDNA (Emergency Department Nurses Association) advocates that except in unforeseeable situations, it is the responsibility of hospital administrations and nurses alike to assure that only adequately trained and oriented personnel work in emergency departments. For this, educational programs must be established so that it cannot be said that "nothing is available" to train these personnel.

The emergency department nurse has, of necessity, had to undertake many duties for which she has had only on-the-job observation training or has done for the patient's welfare because, for one reason or another, there was no one else to perform certain life-saving tasks. It is hoped that these situations will be eliminated over the next few years by offering structured programs of continuing education. These programs are needed by most emergency department nurses but, most specifically, by nurses in rural areas who find themselves alone for long periods caring for the critically sick or injured.

These programs should direct the nurse in handling situations where her ability to intervene rapidly and appropriately may significantly reduce patient mortality or morbidity. These situations include observation and assessment, resuscitation and stabilization of the acutely ill and injured. Other important programs should cover the management of patients in shock, unconscious state, with multiple injuries or serious burns, cardiovascular or respiratory emergencies, as well as the legal aspects of emergency department nursing and clarification of the laws governing the practice of nursing in her state.

The national EDNA, whose membership numbers close to 6,000 nurses, is actively working on a program of national standards and education for emergency department nurses including proficiency exams and, hopefully, certification of emergency department nurses.—**Ruth M. Miller, R.N,. President, Emergency Department Nurses Association, Community Hospital of South Broward, Hollywood, Fla. Publication courtesy of AMA Commission on Emergency Medical Services.**

Drug Research and Development: Some New Perspectives

IN October of this year J. J. Friedman and Associates, a Washington, D.C., firm of economic consultants, released a very informative case study entitled "Economic Aspects of R & D Intensity in the Pharmaceutical Industry." Some of their important findings are—

1. Pharmaceutical manufacturers spend 9% of their sales on discovering and developing new drug products. All U.S. manufacturing industry spends 1.3% of their sales on similar activities.

2. The share of available net income pre-empted by R & D expenditures in the pharmaceutical industry is almost double the average of other U.S. manufacturing industries. In other words, research oriented activities in the drug industry take a much larger slice of available income.

3. The drug industry's investment in R & D is greater than that in plant and equipment. In fact, the drug industry's commitment to expand its research and development activities has grown at a much faster rate than the funds allocated for the purchase of plant and equipment.

4. Total R & D costs in the drug industry are escalating sharply, while drug prices to the wholesalers have shown a remarkable stability. In fact, the wholesale price index for drug products has shown a small decline in the past decade. This compares very favorably to all other U.S. manufacturing industries, where the wholesale price index has increased by 26%.

5. While the profits of the drug manufacturing industry are generally above the average of other manufacturing industries, they have remained stable or declined slightly in the past five years.

From the above findings it becomes clear that a comparison of the U.S. drug industry to other manufacturing industries is distorted by the fact that the former has an extraordinarily heavy commitment to research oriented activities.

Differences in R & D intensity are a major source of distortion in such comparisons because, as a matter of long-standing accounting practice, R & D expenditures, despite their inherent character as a form of capital investment, are customarily treated as a form of current expense. Accordingly, accounting data cannot, without adjustment, provide a valid basis for making economic comparison.

As pharmacy practitioners and students, you might have heard some adverse remarks about the "high drug prices" being paid by patients. But drug prices should not be viewed in isolation from other health care costs. In fact, the patient is still getting the best bargain, when he buys his prescriptions, and it is your responsibility to inform him that a fair share of his prescription price is being ploughed back in research to find new and better drugs.

We are of the opinion that research directed toward discovering new drugs is as essential as any other activity in the health care field. The drug manufacturers have done an outstanding job in sustaining drug research activities by the investment of private funds for research. We hope that you share our feelings. — *Action in Pharmacy,* **January 1974.**

The AMA in Fantasy

DURING the first five days of this month, the American Medical Association held its regular winter, clinical session in Anaheim. One attending the scientific sessions and postgraduate courses offered heard fine discussions on the latest advances in diagnosis and medical care given by outstanding authorities in the field. However, if one attended and listened to the various reference committee discussions on the socio-economic issues facing physicians, one could only conclude that these meetings could not have been held in a more appropriate setting than the Disneyland Hotel with its accompanying Fairyland across the street.

Particularly with regard to PSRO law, the entire discussion took on the aura of a Disney fantasy. Grown men, without the benefit of the costumes, got up to extol the virtues and inevitability of PSROs, insisting, in spite of all experience, reason, and logic to the contrary, that they were a great opportunity for the physicians of America to control and insure quality medical care to the people under social security. On two occasions, high representatives of government were present to sell and whitewash the program, thus hopefully to allay the physician's justified apprehension of dire consequences. It was only with last minute insistence that speakers who gave a little balance to the presentations were allowed to be heard. An overwhelming number of people appearing before the reference committee discussing PSROs spoke against any involvement, but, despite this, the report of the reference committee to the House of Delegates was presented as a weak, multifaceted, and diffused recommendation.

It became obvious to everyone early in the meeting that those who wanted full cooperation with government on PSRO legislation had no chance to prevail. So those of this persuasion perceptively changed their tactics at once. Their goal, if they were to have the opportunity to continue their policies, had to be to stop the AMA from being mandated by the delegates to work primarily or entirely for repeal of the law, or if that became impossible, mandated to advocate nonparticipation. Thus, this became their battle tactic on the floor of the House of Delegates. Their goal was achieved when a compromise was reached with the passage of an amended resolution advocating a little of everything for everyone, with the leadership of AMA left in the position of decision as to allocations of activity and priority of purpose and energy. Without realizing this to be a hollow victory, it made it possible for any delegate sent to the convention by his constituents with a mandated position against PSROs to truthfully report back that this position was indeed agreed upon.

As the sun set slowly in the west on that Wednesday afternoon, the representatives of American medicine wended their way home to live happily for a few more months in never-never land to cling a little longer to the illusion of what appeared to them to be mutual cooperation and constructive action. They did not realize their real strength or the opportunity they had missed, and, perhaps, as they went, they reflected and wondered why there exists the multiplying reports of increasing physician union activity, support, and membership. Fantasy is such fun.—**Edwin E. Wunderlich, M.D.** From the December 20, 1973 edition of *The Bulletin of the Los Angeles County Medical Association.* Reprinted with the kind permission of Dr. Jack W. Baker, Editor and Dr. Edwin E. Wunderlich, President of LACMA. Dr. Wunderlich will be remembered by Hoosiers as a member of the graduating class of 1939, Indiana University School of Medicine.

Editorial Notes . . .

The Pharmaceutical Industry Internship program, which started last year, was so successful it will be expanded. It was originated by the National Pharmaceutical Council and the Student American Pharmaceutical Association to acquaint students with the industrial aspects of pharmacy. Twenty-two companies will provide more than 50 internships this year. ◄

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 23-27, 1974
Place Chicago

INDIANA ACADEMY OF FAMILY PHYSICIANS
Date April 2-4, 1974
Place Stouffer's Indianapolis Inn

INDIANA THORACIC SOCIETY
Date May 7-8, 1974
Place Indianapolis

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY
Date May 7-9, 1974
Place Sheraton, French Lick

INDIANA SOCIETY OF ANESTHESIOLOGISTS
Date March 23, 1974
Place Indianapolis Hilton

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Jon Leipold, M.D., 919 E. Jefferson Blvd. South Bend 46622

INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of September, November, January, February, March and April
Place For time and place, inquire Wesley A. Kissel, M.D., 1815 N. Capitol Ave., Indianapolis 46202

INDIANA SOCIETY—AMERICAN ASS'N OF MEDICAL ASSISTANTS
Date April 26-28, 1974
Place Ramada Inn, Nashville

INDIANA LUNG ASSOCIATION
Date May 7-8, 1974
Place Indianapolis

INDIANA PUBLIC HEALTH ASSOCIATION, INC.
Date April 16-18, 1974
Place Stouffer's Indianapolis Inn

INDIANA DENTAL ASSOCIATION
Date May 4-7, 1974
Place Convention-Exposition Center, Indianapolis

INDIANA ROENTGEN SOCIETY
Date March 17, 1974
Place Airport Holiday Inn Indianapolis

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 7-9, 1974
Place Indianapolis

INDIANA ORTHOPAEDIC SOCIETY
Date March 14-16, 1974
Place Stouffer's Inn Indianapolis

INDIANA BONE & JOINT CLUB
Date April 3, 1974
Place Athenaeum Turners, Indianapolis

INDIANA HEALTH CAREERS, INC.
Annual Conference & Workshops
Date March 26, 1974
Place Clowes Hall, Indianapolis
Annual Meeting of Corporation
Date April 25, 1974
Place Indiana National Bank Indianapolis

AMERICAN ASSOCIATION OF PHYSICIANS AND SURGEONS
Date March 31, 1974
Place Holiday Inn, Muncie

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FDA and the Physician: The Dialogue Deepens

ROBERT L. DEAN
Philadelphia

I appreciate this opportunity to talk to you.

I plan to make just one point: I think FDA is listening—and listening attentively—to what you physicians have to say. It's certainly not news that FDA, nowadays, has to do a great deal of listening. It listens to Congress; it listens to scientists; it listens to consumerists. Once in a while, it even listens to what we in industry have to say.

And more and more, it is listening to what primary care physicians have to say—the good and the bad—about drugs. Some of you are already talking to FDA, and talking effectively.

It's probably fair to say that, for a good many years, most physicians have taken FDA for granted as the agency somehow responsible for assuring the quality of drugs, and the fairness of drug advertising. They have given FDA credit for that, glad that someone was there to do the job.

But they have not taken so kindly to the fact that FDA is also interested in assuring the quality of the physician's *use* of drugs. You'll recall FDA's concern, back in 1967, with a certain medical text that recommended a drug dosage exceeding the dosage in the package insert? One vocal physician got very exercised over FDA's attempt to invest the insert with unnatural powers over prescribing, and FDA listened.

But that was just a minor skirmish, compared to what lies ahead. Over the past five or six years, FDA and others have been saying that the use of many prescription drugs by physicians far outweighs genuine need. It's been said repeatedly that physicians overuse drugs, are overwhelmed by their number and variety, are not as concerned as they should be about drug toxicity and drug interactions.

What do physicians think of these serious criticisms? What do you *say* about them? To whom do you say it?

And will anybody *listen* to what you have to say?

In order to communicate effectively with FDA, the physician first must decide that he has something important to say. He has to believe he *knows* what he *knows*. He must believe his practical experience with drugs *does* count for something. Then he must do something with what he knows. As the ancient satirist poet Lucilius put it: "Knowledge is not knowledge until someone else knows that one knows."

This does *not* mean he should derogate the modern methodology of drug research, nor poke fun at double-blind placebo controlled studies, nor at the academicians who advise FDA. Without these modern techniques and expert advisors, the FDA judgments of safety and efficacy would be paralyzed, or hopelessly wrong. And to say otherwise marks the sayer as an anti-intellectual.

To communicate effectively, primary care physicians must find a way to help FDA appreciate and value their clinical experience with drugs. During the past decade—and especially during the past three years—FDA has seemed to reject evidence not obtained from double-blind, statistically controlled studies. Yet—and here's an important paradox—FDA is increasingly looking to advisory committees to help make its scientific decisions. So there *is* more to scientific decision-making than simple data. There *is* room, officially, for judgment and experience.

You can understand FDA's viewpoint on the need for data—the complex issue of approval of new drugs cannot be resolved without well planned, well controlled studies *before* the drug product is made available. It's FDA's clear intent and responsibility to make the best judgment possible at the drug's point of entry; once the drug is in your hands, they have lost direct control of its use. And I think it's fair to say that better control of drug use—to avoid overuse, abuse, and drug interactions—is what FDA wants.

Yet we and you—and FDA—appreciate that clinical experience *after* marketing is actually likely to be a better measure of the new drug's safety and efficacy than all

Presented at the meeting of state medical association presidents at Anaheim, California, Dec. 1, 1973, on "Federal and State Legislative and Regulatory Issues Affecting Medicine"; Mr. Dean is vice president, regulatory and government affairs, Smith Kline & French Laboratories, Philadelphia.

the controlled studies. Experience measures all the subtle but vital effects a drug may have on the patient's performance, convenience, happiness.

Before a new drug is marketed, the sponsoring company collects the so-called "hard" data—the laboratory evidence, the quantitative and semi-quantitative measures of clinical improvement or cure.

After it's marketed, the practicing physician collects most of the soft data on the "patient's capacity for working, walking, dancing, making love, thinking, reading, and enjoying the other acts of daily living."

I borrowed that last phrase from a paper by Dr. Alvan R. Feinstein, now at Yale ("The Need for Humanized Science In Evaluating Medication," *Lancet,* August 26, 1972, pp. 421-23).

But how can the practicing physician communicate these subtle things to a federal agency which, like the rest of us, is far more comfortable with quantitative measures of effectiveness? We all know that unsupported and isolated testimonial clinical evidence isn't enough. We also know that there are kinds of important knowledge that are beyond capturing by double-blind, placebo controlled study.

Is there anything in between? Any place where clinical experience can be organized to get the attention it deserves? I think so; and I have a few examples to share with you.

The first example involves FDA's handling of prescription cough and allergy combination products. On June 4, 1973, FDA held an all-day public hearing on its guidelines for the formulation of cough and allergy products. It had published these guidelines in the *Federal Register* of May 15, just two weeks earlier. The guidelines were designed to show how new products could be formulated as substitutes for all of the combinations FDA had declared "ineffective"—among them such widely prescribed products as Phenergan, Actifed, Benylin, Tuss-Ornade. The *Federal Register* is the FDA's way of communicating with "all interested parties," including the physician. The FDA has many other ways of communicating—in the speeches of its personnel, in frequent testimony before Congressional committees, in hundreds of letters to drug companies.

As a matter of fact, the FDA's half of the dialogue with physicians is voluminous; I sometimes think that *words,* not drugs, are the principal business of both FDA and the industry.

We in the industry have learned to read the *Federal Register* in a hurry, quickly separating the boilerplate paragraphs from the substance.

Fortunately, some few physicians are just as good at speed-reading the *Federal Register.* With only a five-day deadline, several asked for and were given time to testify at FDA's public hearing on the cough-allergy guidelines.

Practicing Physicians Best Qualified to Judge

The physicians who testified were concerned about the loss of useful, time-tested products. But I think they were much more concerned about the erosion of their prescribing choices and the failure of FDA to take their experience into account. Dr. William Barclay of the AMA said it this way:

> "It seems to me the only people who can tell you whether these mixtures have any effect on symptoms are the doctors in practice who are seeing people in their offices, dispensing the medicine, and then getting some reaction from the patients. So I would make the very, very strong appeal to FDA to put great weight on the evidence submitted by physicians who are qualified to judge whether or not the symptoms have been relieved."

Much the same point was made by three physicians in private practice, and by physicians representing the Congress of County Medical Societies and the American Academy of Family Physicians.

What happened as a result of the hearing?

FDA listened. It decided to postpone implementation of the prescription cough-allergy guidelines. It deferred action until its panel that is reviewing *non*-prescription cough-cold-allergy products can complete its job, which will probably be at the end of 1974. As you probably know, FDA has divided the non-prescription (OTC) drugs into 17 categories, and 17 panels will review them.

Is the cough-cold-allergy argument over? Hardly; it's only suspended. Keep in mind, FDA's OTC panel must now wrestle with the very same questions FDA has published answers to. Are antihistamines of any use in the symptomatic relief of colds? Should combinations of antitussives and decongestants be allowed?

And here's the $64 question: shouldn't *all* cough-cold-allergy products be *non*-prescription anyway? FDA asked this question several times at the June 4th hearing. One physician answered that he could only deplore the suggestion. It would leave physicians with nothing to prescribe for the patient whose symptoms are severe enough to have brought him to the physician.

At the close of the June 4 hearing, FDA's Dr. Richard Crout, who conducted the hearing, said to AMA's Dr. John Budd, "We make a strong plea to you to help us solve the problem."

He did not mean just the problem of whether one drug product goes and another stays. Let's face it, what eventually happens to Phenergan or Tuss-Ornade is important

only as part of the overall problem of how you can contribute to the judgments being made about drugs in this country.

Dr. Francis Davis, who is the publisher of *Private Practice,* the official publication of the Congress of County Medical Societies, has visited FDA with the officers of his society. They have talked to FDA about the need to increase the dialogue with primary care physicians. FDA has encouraged Dr. Davis and his colleagues to find ways to collect and translate clinical experience that bears on judgments of safety and efficacy.

As a start, *Private Practice* published a self-mailing questionnaire in its September issue. The questionnaire tells physicians that FDA has classified 480 drugs as "possibly effective," and that FDA must make a decision on them by January 1974, unless it can be shown that they are effective or that the medical issues are so complex that more time is needed. The questionnaire then selects 25 of the 480 and asks whether the reader has found them effective.

Obviously, this questionnaire is but a first step; perhaps its greatest worth is in stirring physicians to make formal judgments of clinical efficacy; it can be the beginning of the development of teams of practitioners willing to record and thus document their experiences with drugs, including adverse reaction experience, patient-by-patient, in a way that can give validity to what would otherwise be isolated observations, confusing and meaningless in a regulatory sense.

A third example of a way physicians have found to try to understand what they know, to organize it, and then to communicate it: just yesterday in Washington, the Academies of Family Physicians of Virginia, Maryland and the District of Columbia concluded a two-day conference on combination drugs—the science of them, the merits and demerits of them. There has been so much said about combination products, much of it fruitless. Perhaps this conference will help physicians see the issues more clearly, and thereby help FDA.

A fourth example of FDA's ability to listen occurred this past summer when FDA acknowledged in the *Federal Register* of August 8, 1973, that it had received "numerous complaints from physicians, including eminent gastroenterologists, objecting to removal . . . [of the poorly absorbed sulfonamides, e.g., succinylsulfathiazole, phthalylsulfathiazole]" from the market. The Commissioner rescinded the order to withdraw these drugs. An editorial in the October 15, 1973, *JAMA* hailed this action as "evidence that reasonableness can prevail."

Outside Advisors Used

A fifth and final example of FDA's interest in the opinions of others is provided by the agency's vastly increased use of advisory committees. At last count, there were some 27 standing committees —you name it—on dental drug products, bacterial vaccines, orthopedic devices, topical analgesics, etc.

I doubt that a day goes by at FDA without a meeting of outside advisors.

Notification of the time and place of these meetings is published in the *Federal Register*. Most are closed to us and the public except for perhaps an hour or two, but even that brief period has been enough to show us that these committees are by no means rubber stamp. They have their problems—what committee doesn't?—but they work hard at the job, they take seriously the fact that they're helping FDA with tough decisions. And it's been clear they expect FDA to take their advice seriously.

One of the committees' problems is their natural desire to make difficult decisions on as much data as can be found, and to call for more if not enough is around. They tend to forget that if the data were complete, there'd be little need for advisory committees. The best committees seem to be those that demand data when it's critical and when the methodologies for getting it are available, but that, otherwise, rely on their judgments of safety and efficacy.

How well are primary care physicians—that is, private practitioners —represented on these committees? On some of them there may be no great point. But on others, there *is* a great need for them to be heard. As the new Commissioner, Dr. Alexander Schmidt, put it at a press conference July 26:

> "I think we may be a little shy in representation from the MD practicing world on our committees. One can argue whether a practicing MD is a 'professional' or a 'consumer.' In a way, the MD is a consumer of our regulations. He needs to be heard."

So I hope I've established that FDA does listen.

But that doesn't mean FDA—or at least some of the people there, and in HEW—are not still very much concerned over what I mentioned earlier. They are concerned that many physicians are overprescribing tranquilizers, and antibiotics, are prescribing fixed-ratio combinations without enough thought being given to titrating doses and ingredients to suit the individual patient. They are worried about the drug interactions that can result, and about the giving of ingredients that are simply not needed. They believe that the industry's heavy advertising and promotion has oversold drug products and made physicians

thoughtless in prescribing. They are determined to find out just how much overprescribing is going on.

To the extent FDA is right about any of this, the industry and the medical profession had best be busy correcting itself. To the extent FDA is wrong, we'd best be telling them so, in the most cogent way we know. In any case, surely the primary care physician will want an effective voice in the decisions likely to be made about drug consumption in the next decade.

I've mentioned several ways of increasing dialogue with FDA. The first and best is by data, brought to their attention through the literature and through symposia. I've mentioned visits to FDA, surveys of clinical use and experience, testimony at public hearings.

And I've tried to stress serving on FDA advisory committees. The FDA is about to divide its work on drugs into 18 categories—cardiovascular-renal drugs, dermatological-surgical products, psychopharmaceuticals, antibiotics, etc.; for each category there will be an advisory committee. I believe there is an opportunity and a need for the primary care physician on each of these committees, *not* as a replacement for the substantial scientific evidence that is needed for the clearance of new drugs, but rather for the help such physicians can give in making judgments about such things as comparative toxicity, relative efficacy of new vs. older agents, actual or likely modes of use.

On both new and old drugs there will be questions the primary care physician can and *should* help with. For example: how shall the indications section of the labeling be worded so that it cannot be misread? what should be done about labeling for the *patient?* how can such-and-such an adverse reaction be best communicated to the physician? should this new drug be made available only for hospital or other restricted use? should this old drug be made non-prescription? how can post-marketing surveillance in actual use best be done? ◄

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Report on Board of Trustees' Meeting of the Indiana State Medical Association

January 19-20, 1974

JOINT PRACTICE COMMITTEE OF NURSES AND PHYSICANS GRANTED $1,000 by the Board of Trustees in a one-time grant to initiate activity of the committee. Board heard Dr. G. J. Rosenberg report on the planned activity of the committee, which is concerned with the congruent roles of nurses and physicians in new patterns of medical practice. Indiana Nurses Association has also allocated $1,000 to the joint committee. Forty-six states now have such committees. The physician-members are to be nominated by the ISMA and its policies are to be approved by both organizations.

COMMISSIONS AND COMMITTEES OF THE ASSOCIATION HAVE BEEN HOLDING FULL SCHEDULE of meetings in the Headquarters, Dr. Joe Dukes, President, reported. Dr. Dukes has been attending most of these sessions.

PRESIDENT-ELECT WILHELMUS PRAISED THE ACTIVITY OF THE AMA DELEGATION in his comments to the Board. The delegation, he said, carried out all the directives of the House of Delegates and the Board. He cited the action of Dr. Jack Shields in introducing Congressman Philip Crane and gaining a speaking opportunity for him before the House of Delegates. The Congressman spoke against PSRO and cited 40 other congressmen who were in the same frame of mind. Dr. Wilhelmus also discussed the selection of new dean for I.U. School of Medicine and said he felt the Board had an obligation to involve itself by suggesting some specific attributes they would like to see possessed by a new dean. Doctors Dukes and Gosman are on selection committee.

LALL G. MONTGOMERY, M.D., MUNCIE, DELEGATE FROM THE AMA SECTION ON PATHOLOGY, suddenly became ill during AMA meeting in Anaheim, Dr. Wilhelmus said, but was back in his office working part time.

CREATION OF AN INDEPENDENT STATE UNIVERSITY FROM THE REGIONAL CAMPUS OF INDIANA-PURDUE UNIVERSITY INDIANAPOLIS discussed at length by the Board. Motion was made and passed that the Board go on record opposing the Indiana University School of Medicine being part of the new university and that legislators be so advised. Following a report of Dr. George Lukemeyer, acting dean, School of Medicine, the Board passed a motion to send a letter to personal physicians of the legislators requesting them to contact their legislators.

PHYSICIANS BEING QUERIED BY HEALTH INSURANCE CARRIERS AS TO THEIR MEDICAL JUDGMENT in utilizing types of injections for patients under Medicare. Specifically referred to was use of B-12. The Board recommended that a letter be sent to the carriers objecting to clerks not only questioning but recommending treatment. Also discussed was the activity of the State Department of Public Welfare requesting physicians to submit plans for certain types of elective surgery to gain permission to operate. Board moved that the language in the letter was totally unacceptable to the ISMA and that the Board's displeasure be conveyed to Blue Shield, the State Department of Public Welfare, and to The Traveler's Insurance Company.

NON-PARTICIPATION POLICY ON PSROs AND THE ESTABLISHMENT OF AN INDEPENDENT CORPORATION, as directed by the ISMA House of Delegates, reviewed by the Board Committee for the Study and Implementation of Governmental Programs. The Committee, chaired by Dr. James Gosman, recommended that (1) the Board proceed with the House of Delegates' decision (2) advise the Department of HEW that the regions set forth are totally unacceptable and (3) a "blue ribbon" committee be organized to establish a system to do peer review. In later discussions of instituting a statewide peer review system, the Board moved that the President appoint the necessary committee to accom-

plish this and report to the Board their plans for consideration.

PROGRESS OF TEL-MED HEALTH EDUCATION SYSTEM REPORTED TO THE BOARD. ISMA has received grant from Regional Medical Programs for six-month period to extend availability of the service to entire state.

$500,000 WILL BE AVAILABLE FROM REGION V, DEPARTMENT OF HEW to improve the distribution, supply, quality, utilization and efficiency of health personnel and the health services delivery system. HEW letter asked ISMA guidance in helping to select priority areas in which contracts could be negotiated. In view of data available to ISMA in these areas, the Board moved to contact HEW, and the Board Committee for Study and Implementation of Government Medical Programs was directed to investigate it.

BOARD APPROVED EMPLOYMENT OF INDIVIDUAL TO COORDINATE CONTINUING MEDICAL EDUCATION ACCREDITATION PROGRAM. Two institutions currently have approval of ISMA and four additional are awaiting site visit team evaluations.

SIX-MILLION DOLLARS NOT ADDED TO INDIANA HEALTH CARE COSTS LAST YEAR because of new joint operations of Blue Cross and Blue Shield, Richard Kilborn, president of Blue Shield reported. Operating expenses of the plans are among the lowest in the nation, he said, and cited a figure of 6.26%. Membership under the plan is near an all-time high, he said. When asked about the questioning of physicians concerning their treatment of patients under Medicare, Mr. Kilborn suggested ISMA indicate objection to the Social Security Administration and he would support the effort.

REPORTING ADDITIONALLY ON BLUE SHIELD OPERATIONS Dr. Joe Black, chairman of the Board, told the Board that the Blue Shield directors elected by the Board of Trustees of ISMA had 100% attendance at Board meetings. There have been, he said, fewer problems with claims during the past few weeks than ever before.

PROMOTION OF A STANDARD CLAIM FORM FOR ALL HEALTH INSURORS passed by the Board. The Board will request that the ISMA Commission on Medical Economics and Insurance approach the Indiana Insurance Commissioner on this matter.

BLUE CROSS CONTRACTS WITH FOR-PROFIT HOSPITALS topic of James Herod's comments to the Board. The president of Blue Cross told the Board that he was totally unprepared for the introduction of legislation which would require Blue Cross to contract with these hospitals. He said he felt there had been a new spirit of cooperation emerging between everyone concerned with the Blue Cross programs of quality medical care for every community.

REFERRING TO THE FOR-PROFIT HOSPITAL CORPORATION, EXTENDICARE, he said that Blue Cross had many questions concerning this company's operations as well as those of other for-profit companies. He said that Extendicare operates in 12 southern states and that in 11 of them little is done to monitor costs. "Extendicare pays the bill and that is it," he said. The discussion was generated from the effort of the Greencastle community to acquire a hospital in its area and proceeding with its plans through "Extendicare." For-profit hospital operations have support from other small Indiana communities who want new hospitals.

DIRECTOR OF THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS, Dr. John D. Porterfield, reported to the Board on the Commission's activities. The invitation came from Indiana because of commission inspectors leaving the impression that retrospective audit of physicians was to become mandatory and expected by the Commission if a hospital was to be accredited. Dr. Porterfield clarified this for the Board and answered a multitude of questions concerning the Commission's operation. He explained the history of the Joint Commission and the objective of the Commission to develop standards and programs which would encourage medical staffs to be more involved in the quality of their work.

SALVAGING OF YOUNG MEN AND WOMEN WHO HAVE POTENTIAL FOR BEING GOOD PHYSICIANS pointed out by Dr. George Lukemeyer, acting dean, I.U. School of Medicine. The school, recognizing their potential, is allowing them to proceed with a reduced work load, he said. In addition to many other facts and figures concerning the medical school, Dr. Lukemeyer said that the school now has 199 accepted for the 1974 fall class. He projects a final total of 305. General average of grades for this group is 3.58 with the science average at 3.59.

INDIANA STATE BOARD OF HEALTH ASKED TO COORDINATE NATIONAL HIGH BLOOD PRESSURE PROGRAM, Dr. William Paynter, Commissioner of Health, reported to the Board. Involved is education, creating more public awareness, referrals and

other aspects. Dr. Paynter requested approval of the program by the Board and the matter was referred on motion to an "appropriate" commission.

REVIEWING ACTIVITIES OF COMPREHENSIVE HEALTH PLANNING, Dr. Paynter said the "A" agency, which is the ISBH, is developing a review process in compliance with CHP regulations in the area of capital expenditures in CHP projects and they seem to be in compliance with Federal recommendations. He said the "A" agency then will continue to operate as they have in the past and they undoubtedly will "draw fire" from some areas in which they have to say "no" to projects, but he wanted ISMA to understand their efforts to strengthen programs in CHP.

COMMENTING ON THE EMERGENCY MEDICAL SERVICES BILL now before the state legislature, Dr. Paynter said there was a need to define the term "emergency medical services" in the bill. It was pointed out that federal legislation does define EMS. The Board referred development of a definition of emergency medical services to the Commission on Legislation.

GENERAL POPULATION BEING SURVEYED ON DRUG HABITS by Indiana's Drug Abuse Division, Dr. Dwight Schuster, ISMA representative to the Division, told the Board. Because of number of meetings he has to attend, Dr. Schuster asked that the Board name Dr. Gene E. Lyon, Indianapolis psychiatrist, as an additional representative. The Board accepted his recommendation.

AMA RESOLUTION 41 OPPOSED VIOLATIONS OF CONFIDENTIALITY at the AMA Anaheim Convention, Dr. Eugene F. Senseny, floor leader for the Indiana delegation, reported to the Board. The resolution as directed to government agencies and third parties, requested the AMA to take action to assure the confidentiality of patient medical information. The Council on Legislation of the AMA was also instructed to prepare model legislation on preservation of confidentiality as a guide to possible state legislation and present the legislation to the 1974 annual meeting. Dr. Senseny also reviewed additional actions of the AMA House.

EACH MEMBER OF THE BOARD REPORTED HIS DISTRICT'S REACTION TO THE PROPOSED PSRO AREAS. Most felt that the areas were totally unworkable. Board moved that the ISMA inform the county medical societies that their districts have been formulated and that they may wish to state their objections to these areas.

ADDITIONALLY THE BOARD DIRECTED A COMMUNICATION BE SENT TO APPROPRIATE AUTHORITIES stating opposition to PSRO concept, the untenable nature of the PSRO areas and the reasoning for PSRO opposition.

ISMA PROTEST OF PREADMISSION CERTIFICATION FOR HOSPITALS AND NURSING HOMES IN GOVERNMENT PROGRAMS VOTED BY THE BOARD as well as review of emergency admissions within 24 hours. The ISMA protest will be jointed with that of the AMA on these particular points. It was reported to the Board that there had been meetings with the Indiana Hospital Association, the Indiana Nursing Home Association, and the intermediaries concerning these Medicare and Medicaid requirements. All had agreed that the reports required were "obnoxious" but were necessary for reimbursement to the patient. The Hospital Association and the ISMA are to send a joint letter to all their members explaining certification and recertification in an attempt to standardize and simplify these requirements. Both organizations are also objecting to the Cost of Living Council's plan for paying hospitals by admission diagnosis as unworkable. The American Hospital Association, the Board was informed, is considering a suit if the regulations are not altered.

BLUE CROSS - BLUE SHIELD ASKING FOR INCREASES IN PHYSICIANS' PREMIUMS for health policies. On motion of the Board, the suggested increases in rates were referred to a committee of the Board for review.

PROPOSED CONTROLLED SUBSTANCES ACT REGULATIONS discussed by the Board. The objection is to physicians being required to submit to unnecessary duplicative registration procedures at the state and national level. The ISMA has 90 days in which to review regulations and make suggestions. Doctors Ferrara, Jackson and Bannon were named by the Board to be present to testify on the regulations.

Vincent J. Santare, M.D.
Chairman
ISMA Board of Trustees



Evidence of Sperm Count in Paternity Suit—In spite of a physician's testimony that a man's sperm count was so low that conception was highly improbable, an Indiana appellate court held that the finding that he was the father of a child was supported by sufficient evidence.

A woman filed a petition to establish the paternity of her unborn child and to compel the man to support the child, who was born before the time of trial. The court found that the man was the father and determined support payments and prenatal and postnatal expenses. The alleged father appealed.

At trial, the woman testified that she had dated the man for 2½ years during high school and that they had had sexual intercourse for about a year before she became pregnant. She gave details as to their relationship and testified that the man had promised to marry her in the two years after he finished school. She also testified that the man admitted to her and to another person that he was the father of the child.

A physician who ordered a sperm count for the man testified that the results were abnormal and that in his opinion the man could not have fathered the child. The man's sperm count was less than 10,000,000, and the physician testified that conception with such a count was highly improbable but possible.

The appellate court, considering the evidence most favorable to the woman, affirmed the trial court's judgment, holding that there was sufficient evidence to support the finding that the man was the father of the child.—*Buher v. Johnson,* 294 N.E.2d 625 (Ind. Ct. of App., April 9, 1973).

Affidavit filed in Lawsuit not Ground for Later Libel Suit.—An affidavit filed in a lawsuit against a physician for his participation in a patient's commitment to a VA hospital was a privileged communication and could not be grounds for a libel suit, an Indiana appellate court ruled.

In 1962 the patient brought an action against the physician, who had participated in having the patient committed to a VA hospital in 1958. In defense the physician filed an affidavit to support his motion for summary judgment. The statements in that affidavit were the basis for a new lawsuit by the patient in 1971.

Claiming damages for libel and slander in the statements in the affidavit, the patient brought an action against the physician and his attorneys. Their motion for summary judgment was granted by the trial court.

On appeal, the Indiana appellate court upheld the trial court's judgment. The affidavit had been filed in the course of litigation and was therefore a privileged communication. It could not support a claim for libel, slander, and defamation, the court said.—*Meier v. Combs,* 297 N.E.2d 436 (Ind. Ct. of App., June 20, 1973).

Malpractice Action for Breech Birth Treatment Barred by Statute.—A malpractice suit against a physician for his treatment of a man's breech birth 23 years earlier was barred by the two-year statute of limitations, an Indiana appellate court ruled.

The man was born on August 28, 1942, and on August 27, 1965, he brought the medical malpractice action. The action was filed within two years after he reached majority, pursuant to a law providing that a person who was a minor when a cause of action accrued might bring the action within two years after he reached majority.

Claiming that a two-year statute of limitations on medical malpractice actions had been in effect at the time of the man's birth, the physician moved for judgment in his favor. The trial court sustained the physician's motion, and the man appealed.

On appeal the appellate court resolved the conflict between the two-year limitation statute and the minors' action statute. The two-year malpractice statute was clear and unambiguous, the court said. Further, it was enacted in 1941, and the minors' statute was enacted in 1881. Thus, the later malpractice statute repealed the earlier statute to the extent that they were inconsistent. The court noted also that if the legislature had meant the statute dealing with minors' actions to be an exception to the malpractice statute, it would have expressly provided so.

A constitutional issue was raised that the medical malpractice statute set apart physicians as a separate class in violation of the equal protection clause. The court said that there were inherent differences in situations between physicians and others and that the classification was reasonable. The trial court's judgment was affirmed.—*Chaffin v. Nicosia,* 297 N.E.2d, 904 (Ind. Ct. of App., June 27, 1973). ◄



ABSTRACTS, BOOK REVIEWS

RADIOLOGY SPECIAL PROCEDURE ROOM

Ray Brinker and Jovitas Skucas, University Park Press, Baltimore, 1973; 181 pages; profusely illustrated with numerous clear photographs of the equipment under discussion; $9.50.

It is rather presumptuous for an internist to be rendering judgments on what appears to be essentially a "cook-book" geared to the level of the technician setting up the various types of apparatus that the radiologist will be using.

The exposition is clear, precise and simple. The photographs are superb. The few diagrams are most enlightening. The paper, binding and type are up to the highest standards. All in all, this seems to fulfill amply its allotted task. I would think that most radiology departments and some hospital libraries would want to have this volume where they could consult it at need.

ARNOLD LIEBERMAN, M.D.
New York City

LOCOMOTION OF TISSUE CELLS

Ciba Foundation Symposium #14 (new series) held Sept. '72; edited by Ruth Porter and David W. Fitzimons; published by Elsevier et al., 1973; 381 pages with numerous tables and electron photo reproductions; price not stated.

When does a pseudopod become a bleb? What do the tubules do and how are they directed to restructure? How does the actomyosin system relate to the retraction mechanism? And just what does determine the actual direction of cell movement?

As can be seen, this is a strictly interim report in a practically virgin field. Nevertheless, I'm happy that these Ciba Foundation Symposia are again coming out and that I'm on their mailing list! They had been splendid before and appear to be—yet again—headed in the right direction!

The paper, binding and printing are up to their usual high standards. The typographical errors are few, indeed, and do not detract from the intended meanings. Keep those presses rolling!

ARNOLD LIEBERMAN, M.D.
New York City

ALPHA-FETOPROTEIN AND HEPATOMA — GANN MONOGRAPH ON CANCER RESEARCH #14

Symposium held by the Japanese Cancer Association in Tokyo, 1971; edited by Hidematsu Hirai and Toru Miyaji; English translation published by University Park Press, Baltimore, 1973; 320 pages with many electron illustrations, tables, indices and references after each chapter. Price not stated.

Until this luxuriously printed and bound monograph reached my desk, the very word "alpha-Fetoprotein" evoked but a faint stirring in my subconscious. Its connection with the exploding field of immunology and cancer research was made rather clear by careful perusal of the text with frequent pauses for a repeat of same. The non-expert in this field will find his monograph tough going, indeed!

It seems that liver cells—when undergoing malignant changes—become able to resynthesize protein of the embryonic stage; hence, the term, alpha-Fetoprotein. Without going into minutiae that delight the super-specialist, there rises the practical question: can its detectable rise in the blood serum be made to serve as a practical early warning sign? Apparently, the answer is YES!

Now, in reference to the value of this test in fulminant hepatitis, there are some interesting speculations. Its association with prothrombin time was also news to me.

All in all, an excellent volume for the head of the hospital laboratory and others such. As I've stated above, the paper, binding, printing and illustrations are super splendid. The gentlemen participating in this symposium are to be congratulated on their dedication!

ARNOLD LIEBERMAN, M.D.
New York City

HAEMOPOIETIC STEM CELLS

Ciba Foundation Symposium #13 (New Series)—held in tribute to J. M. Yoffey in July 1972; 345 pages with numerous tables and illustrations; editors: G. E. W. Wolstenholme and Maeve O'Connor; Elsevier, publishers, 1973, price not stated.

The usual score of renowned participants combine to produce interesting and instructive teaching on almost all levels of medical knowledge. Just in January 1973 (*JISMA*, page 48), I had occasion to review Dr. Abel Lajtha's *Handbook of Neurochemistry*. When the AMA had its first International Health Conference to be held abroad, our group was welcomed to the Hebrew University by this same Prof. J. M. Yoffey whose photo adorns the front page of the present volume! (Just to lend a personal touch.)

In any case, after having had the task of reviewing "Hematology" by Williams, Beutler, Erslev, Rundles et al. (JISMA, September 1973, page 822), this present volume offers few surprises. It is interesting to note that Hematopoietic Stem Cells are still in the stage of physical description and classification. The biochemical approach: the various RNA and DNA sequences—to say nothing of the transfer and messenger units—are still items for future work. In fact, the closing general discussion (pages 321 on) lists precisely unfinished business, item by item. Dr. Yoffey goes to some lengths in postulating the "pluripotent stem cell," its unique properties and the chemistry of the special compartments. Even erythropoietin still remains to be purified.

The paper, binding and printing are superb. All in all, this remains a strictly interim report. Hopefully, great clarification should not lag too far behind!

ARNOLD LIEBERMAN, M.D.
New York City

BIOCHEMISTRY OF CATECHOLAMINES—THE BIOCHEMICAL METHOD

Toshiharu Nagatsu, University Park Press, Baltimore, 1973; 362 pages; innumerable tables and charts; price not stated.

The titles of the chapters really tell the story. First, "Biosynthesis of Catecholamines," 2) "Metabolism of Catecholamines," 3) "Assay Methods for Enzymes Related to Catecholamine Synthesis and Metabolism," 4) "Methods for Estimating Catecholamines and Related Compounds," 5) Estimation of the Turnover Rate or Synthesis Rate of Catecholamines."

There is a huge appendix, supplement, a massive catalogue of reviews and—finally—a rather good index.

Even a cursory leafing through this detailed monograph will convince the most knowledgeable cognoscenti how little they really know of the topic. It is a must for every hospital library, laboratory student and biochemist. I would also recommend that the average M.D.—and especially the Board-certified specialist—take a day off for the perusal of this work. The meticulous Japanese, as usual, have done a truly magnificent job in presenting the topic in depth and splendid clarity.

As always, the binding, printing and type are up to the highest standards of the craft.

ARNOLD LIEBERMAN, M.D.
New York City

TALKING SENSE—RICHARD ASHER

A collection of his papers edited by Sir Francis Avery Jones, University Park Press, Baltimore, 1973; first published in England; 180 pages; price $6.75.

Book reviewing can—at times—be a boring chore. And then, again, one can be instructed and entertained at the least expected time! Such was my experience here.

Sir Francis makes the assertion that Dr. Asher was "an outstanding clinician, popular teacher and an inspired lecturer. Well! I just had never heard of him. And then: I sat up when being told that he had been an outstanding psychiatrist and had actually originated the terms, "Munchausen Syndrome," "Myxedematous Madness," etc. The term "The Seven Sins of Medicine" is also taken from his lectures—obscurity, cruelty, bad manners, over-specialization, love of the rare, stupidity, and sloth. How true!

The verve and vicacity of the readings are a joy to read and absorb. I liked them all but I call your attention especially to such gems as "Dangers of going to bed," "Is your prescription **really** necessary?" "Diseases caused by doctors"—but why go on? I relaxed for the evening and did not quit until the end.

The paper, binding and printing are excellent; I found no typos. In these days of inflation, the price is really quite within reason.

ARNOLD LIEBERMAN, M.D.
New York City

Abstracts from Various Literature, Prepared by AMA

LEAD CONTENT OF SOILS ALONG CHICAGO'S EISENHOWER AND LOOP-TERMINAL EXPRESSWAYS

M.A.Q. Khan et al. (Dept. of Biological Sciences, Univ. of Illinois at Chicago Circle, Chicago 60680)
Arch. Environ. Contamin. Toxicol. 1:209-223 (Oct.) 1973.

Lead content of soils along two Chicago expressways—the Chicago Loop-terminal Expressway and the Eisenhower Expressway—have been determined in various seasons of the year at various distances from the roadway. The concentrations of lead in soils along the Chicago Loop-terminal Expressway and adjoining city streets show positive correlation with the average traffic volume near the sampling sites during the same season. Seasonal variation in the lead levels is similar to the seasonal variations in average monthly traffic volumes on the expressway. The soil contains as much as 7,600 ppm of lead up to 45 feet and 9,000 ppm up to 150 feet from the Eisenhower Expressway.

MANAGEMENT OF INADEQUATELY EXCISED EPIDERMOID CARCINOMA

R. L. Glass and C. Perez-Mesa (Ellis Fischel Cancer Hosp., Columbia, MO 65201)
Arch. Surg 108:50-51 (Jan.) 1974

Seventy-nine squamous cell carcinomas of the skin were called "microscopically inadequately excised" by the pathologist at the Ellis Fischel State Cancer Hospital. Forty-nine were followed without prophylactic retreatment and had a recurrence rate of 49% and an ultimate patient mortality from uncontrolled cancer of 20%. Prophylactic retreatment before the appearance of clinical recurrence reduced these failures to 13% and 10%, respectively.

UNEXPECTED VITAMIN K DEFICIENCY IN HOSPITALIZED PATIENTS

G. F. Pineo (Dept. of Medicine, St. Joseph's Hosp. Hamilton, Ontario)
Can. Med. Assoc. J. 109:880-884 (Nov. 3) 1973.

Twenty-seven patients developed vitamin K deficiency unexpectedly in the postoperative period or during hospitalization for a variety of medical conditions. Twenty-two of the patients were receiving antibiotics. Nineteen were receiving nothing orally during part of their hospitalization and the remainder had poor food intake. Fifty percent of the patients developed vitamin K deficiency within seven days. Rapid onset of vitamin K deficiency in these patients may have been due to a combination of the use of multiple antibiotics and poor food intake.

ORAL ELEMENTAL DIET: NEW BOWEL PREPARATION

W. C. Johnson (Boston V.A. Hosp., Boston 02130)
Arch. Surg. 108:32-34 (Jan.) 1974.

Fourteen patients were prepared for colonic surgery with an oral elemental diet over a period of four to five days prior to surgery. These patients were compared to 17 similar patients conventionally prepared with antibiotics and mechanical cleansing with regard to incidence of infection. There was no enterocolitis in either group, and the incidence of wound infection was the same. Additional advantages of the oral elemental diet as a bowel preparation are discussed.

CHOLESTEROL GALLSTONE DISSOLUTION

J. L. Thistle (Mayo Clinic, Rochester, MN 55901)
Arch. Surg. 107:831-832 (Dec.) 1973.

Cholesterol gallstone disease is characterized by secretion of bile saturated or supersaturated with cholesterol. This abnormality is usually associated with a decrease in the total bile acid pool, and may be related to a hepatic defect in bile acid synthesis. Bile acid depletion induced by ileal disease or resection or increased biliary cholesterol secretion in obesity may also predispose to this disease. Oral administration of chenodeoxycholic acid results in bile unsaturated with cholesterol and after six months of treatment, 11 of 18 patients demonstrated a decrease in gallstone size. An earlier trial on seven women for one or two years showed total stone dissolution in three and partial dissolution in three of the remaining four.

REVERSAL OF RENAL FAILURE BY REVASCULARIZATION OF KIDNEYS WITH THROMBOSED RENAL ARTERIES

A. G. R. Sheil et al. (Dept. of Surgery, Univ. of Sydney, Sydney, Australia)
Lancet 2:865-866 (Oct. 20) 1973.

Three patients with hypertension and sudden deterioration of renal function are presented. Two patients were uremic, one requiring dialysis. Angiography revealed renal arterial occlusions unilaterally in two patients and bilaterally in one. In all three patients renal biopsy performed at operation revealed ischemic but viable kidneys with occluded arteries. Revascularization resulted in reversal of renal failure and restoration of good health.

POSSIBLE ASSOCIATION BETWEEN BENIGN HEPATOMAS AND ORAL CONTRACEPTIVES

J. K. Baum et al. (Wayne County General Hosp., Eloise, MI 48132)
Lancet 2:926-929 (Oct. 27) 1973.

Seven women with hepatic adenoma are presented. All were taking oral contraceptives. Although benign, the tumor may cause serious or fatal hemorrhage. Hepatic arteriography allows prompt and precise diagnosis. Oral contraceptives may play a role in the development of this lesion.

TOOTH EXTRACTIONS IN HEMOPHILIACS AFTER ADMINISTRATION OF SINGLE DOSE OF FACTOR VIII OR FACTOR IX CONCENTRATE SUPPLEMENTED WITH AMCA

G. Bjorlin (Dept. Oral Surgery, Dental Clinic, General Hosp., Malmö, Sweden) and I. M. Nilsson
Oral Surg. 36:482-489 (Oct.) 1973.

Oral surgery—mainly tooth extractions—was performed on patients with hemophilia A, hemophilia B, and von Willebrand disease. They were treated with only one transfusion of factor VIII or factor IX concentrate, which was given immediately before the operation. During the time of treatment, amino-methyl-cyclo-hexane-carbonic acid (AMCA) was administered in doses of about 25 mg/kg of body weight every six hours. With this method it was possible to extract more teeth at one time without bleeding complications than had been the case previously. The patient's stay in the hospital was reduced considerably.

DOUBLE-BLIND TRIAL OF LOW DOSES OF SUBCUTANEOUS HEPARIN IN PREVENTION OF DEEP-VEIN THROMBOSIS AFTER MYOCARDIAL INFARCTION

C. Warlow et al. (Aberdeen Royal Infirmary, Aberdeen, Scotland)
Lancet 2:934-936 (Oct. 27) 1973.

A randomized double-blind trial was undertaken in 146 patients with acute myocardial infarction to determine whether low-dose subcutaneous heparin reduced the frequency of deep venous thrombosis (DVT) in the legs. Low-dose heparin (5,000 units, 12-hourly) started within 12 hours of the onset of myocardial infarction and continued for ten days greatly reduced the frequency of DVT, diagnosed by the ^{125}I-fibrinogen technique, from 17.2% in the control group to 3.2% in the heparin-treated group. There were no complications of heparin treatment. Since the relation between the prevention of DVT, detected with ^{125}I-labeled fibrinogen, and the prevention of pulmonary embolism is uncertain, a larger trial is needed to determine whether the frequency of pulmonary embolism could be reduced with low-dose heparin.

NEW PROSTHETIC METHODS OPEN NEW DOORS

New doors have been opened to amputees — thanks to new prosthetic techniques. During the past few years many recent prosthetic developments now offer improved function for the amputee, as well as better appearance and increased comfort.

SILASTIC SILICONE MATERIAL - Silastic is useful in forming distal-bearing or total-contact pads that apply form-fitted pressure on the distal end of stumps. The density of this material may be varied to suit the individual requirements of each amputee.

TOTAL CONTACT SOCKET - Developed by research, this new socket distributes weight bearing over the entire stump. It is particularly helpful in problem cases of poor circulation.

MOLDED SACH FOOT - This Solid-Ankle, Cushion-Heel foot is more durable and its one-piece construction is more pleasing in appearance.

BAN-LON STOCKINETTE - This finer type stockinette when impregnated with plastic provides a more natural finish.

MUENSTER FITTING - Better control with less harness is achieved in this new method of fitting very short—below elbow stumps. The unusual socket shape utilized provides a more intimate fit assuring a more functional prosthesis.

For information on these developments, please write to:

Hanger PROSTHESIS

1332 N. Illnois St., Indianapolis, Indiana 46202
312 E. McMillan St., Cincinnati, Ohio 45219
416 N. Main Street, Evansville, Indiana 47711
3004 S. Wayne Ave., Fort Wayne, Ind. 46807

FUTURE MEETINGS, SEMINARS, COURSES

Programs in Maternal, Child Health Offered by University of Michigan

Graduate programs for physicians in maternal and child health are offered by the University of Michigan's School of Public Health II. They are in mental retardation and related disabilities, maternal and child health, community pediatrics and community obstetrics. Further informatiom may be obtained by writing Dr. Ruben Meyer, Director of MCH program, School of Public Health II, University of Michigan, Ann Arbor, Mich. 48104.

ACS, U of South Florida to Sponsor Seminar on Care of Critically Injured

"Life-Saving Measures for the Critically Injured" is the subject of a 3-day seminar sponsored by the American College of Surgeons and the University of South Florida, March 27-30, in Tampa. The course carries credit for the AMA Physician's Recognition Award, the American College of Emergency Physicians and the American Academy of Family Physicians. Write or call Dr. Roger T. Sherman, University of South Florida College of Medicine, Tampa. Subsequent similar courses are scheduled in Washington, D.C., on April 16-19; at Cincinnati on May 22-25; at New Haven, Conn., on June 17-21; at Los Angeles on Sept. 11-14; and at Chicago on Sept. 18-21.

Diabetes Mellitus Program Scheduled

A one-day program entitled "A Current Evaluation of an Old Problem: Diabetes Mellitus" will be conducted at the University of Kentucky Medical Center, Lexington, on April 5. Registration fee will be $15.

Symposium on Polytomography Of Temporal Bone Announced

The 9th day two-day Symposium on Polytomography of the Temporal Bone will be given under the auspices of The Wright Institute of Otology at Community Hospital, Indianapolis, on May 4 and 5.

Subjects covered are: "Basic Anatomy of the Temporal Bone" and "Technique of Polytomography of the Temporal Bone" with demonstrations of normal tomograms. Pathological conditions revealed by polytomography, such as cholesteatoma, ossicular chain problems, otosclerosis, fractures, foreign bodies, tumors and congenital anomalies are shown on original tomograms and the clinical applications discussed.

Number of registrants is limited to 18. Fee for the course is $150.

Inquiries should be directed to: The Wright Institute of Otology, Inc., Community Hospital of Indianapolis, Inc., 1500 North Ritter Avenue, Indianapolis 46219.

Indiana Chapter, ACEP, Announces "Indy 500" Scientific Conference

The Indiana Chapter of the American College of Emergency Physicians announces its "Indy 500" Spring Scientific Conference for May 9-11 at the Airport Holiday Inn, Indianapolis.

For further information, contact H. C. Bock, M.D., 3840 Knollton Road, Indianapolis 46208.

Therapeutics in Internal Medicine Program Planned for May 27-31

The University of Kentucky Medical Center will conduct a postgraduate course in "Practical Therapeutics in Internal Medicine" on May 27 to 31 at Lexington. Co-sponsor is the American College of Physicians. Registration fees are $140 for ACP members, $70 for ACP Associates and $200 for non-members. Write Dr. Ronald Hamilton, College of Medicine, Lexington, Ky. 40506.

Summer Program in Human Sexuality Set by Institute for Sex Research

The 1974 Summer Program in Human Sexuality has been announced by the Institute for Sex Research at Indiana University. Dates are June 16-27. Included are forums on sociosexual issues, lecture course, sex counseling symposium, attitude reassessment program. Registration fee $285. Registrations close May 17. Address: Institute for Sex Research—Summer Program, 416 Morrison Hall, Indiana University, Bloomington 47401.

Fifth Family Medicine Review Announced

The University of Kentucky College of Medicine will present two identical, comprehensive reviews designed in part to prepare family physicians for the annual ABFM examination scheduled for late October. Approximately 70-74 topics will be presented by University of Kentucky and guest faculty.

The Fifth Family Medicine Review will be offered September 15-21 and again on October 6-12, at the University of Kentucky Medical Center.

Program chairman: Frank R. Lemon, M.D. Registration fee: $195. Fifty hours of AAFP credit have been requested. For further information, contact Ronald D. Hamilton, M.D., Director, Continuing Education, College of Medicine, University of Kentucky, Lexington, Ky. 40506.

Florida to Be Site of Meeting of Clinical Immunologists, Allergists

The American Association for Clinical Immunology and Allergy will conduct its annual meeting November 20 to 24 at Pier 66, Fort Lauderdale, Fla. For information write Dr. John L. Dewey, P.O. Box 912 DTS, Omaha, Neb. 68101.

ABFP Announces Family Practice Exam

The American Board of Family Practice announces that it will give its next two-day written certification examination on October 19-20, 1974. It will be held in five centers geographically distributed throughout the United States. Information regarding the examination may be obtained by writing: Nicholas J. Pisacano, M.D., Secretary, American Board of Family Practice, Inc., University of Kentucky Medical Center, Annex #2, Room 229, Lexington, Ky. 40506.

It is necessary for each physician desiring to take the examination to file a completed application with the Board office. Deadline for receipt of applications in The Secretary's office is *June 15, 1974.*

Symposium on Rheumatic Diseases— Their Pathogenesis and Management

The 10th Annual Symposium on Rheumatic Diseases, jointly sponsored by the University of Louisville School of Medicine and the Kentucky Chapter of the Arthritis Foundation, will be held Thursday, May 9, 1974 in the Health Sciences Center auditorium, University of Louisville School of Medicine.

The theme of the program will be "Pathogenesis and Management." Topics will include osteoarthritis, ankylosing spondylitis, extra-articular complications of rheumatoid arthritis, systemic lupus erythematosus, gout, pseudogout, and seronegative arthritides, such as psoriatic arthritis and Reiter's syndrome.

The conference is an all-day meeting with lectures and panel discussions. The guest faculty includes: Dr. John J. Calabro, professor of medicine and director of rheumatology, University of Massachusetts; Dr. George E. Ehrlich, professor of medicine, Temple University School of Medicine; Dr. J. William Hollingsworth, professor and chairman, Department of Medicine, University of Kentucky College of Medicine; Dr. Henry J. Mankin, Edith M. Ashley Professor of Orthopaedic Surgery, Harvard Medical School, and chief of the orthopaedic service, Massachusetts General Hospital; Dr. Daniel J. McCarty, professor of medicine, School of Medicine, University of Chicago; Dr. Lawrence E. Shulman, professor of medicine, The Johns Hopkins University School of Medicine and president-elect, American Rheumatism Association. Question and answer panel presentations, emphasizing clinical applications, will conclude the morning and afternoon sessions.

There is no registration fee. Additional information and a program are available from Kentucky Arthritis Foundation, 1381 Bardstown Road, Louisville, Ky. 40204.

Continuing Medical Education Courses Offered by I.U. School of Medicine

The following courses have been scheduled by the Indiana University School of Medicine for the coming months:

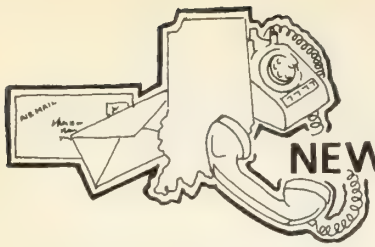
Date	*Subject*	*Location*
Mar. 18-29	ENT	IUSM*
Mar. 20-21	Internal Medicine Review	Atkinson Hotel*
Mar. 25-29	Chronic Respiratory Disease	
Mar. 27	Clinical Neuro-Ophthalmology	Methodist Hospital*
Mar. 28	Delivery of Medical Care	Richmond
Mar. 29-30	Clinical Applications of the Gamma Scintillation Camera for Technologists	IUSM*
Apr. 3*	Current Pediatric Management: A New and Individualized Teaching Course	IUSM*
Apr. 10**	Urology Today: Middle Years	IUSM*
Apr. 17	Office Orthopaedics	IUSM*
Apr. 18	Medical Emergencies	Evansville
Apr. 24-26	Gastrointestinal Radiology	MCGH*
May 1-2	Basic Clinical Electrocardiography	IUSM*
May 8-9	Multidisciplinary Child Care Conference	Stouffer's*
May 9	Trauma Care Seminar	Lafayette
May 29	Diabetes	Merrillville
June 4-6	Family Practice Review	Stouffer's*
June 29-30	Dialysis and Transplant Society	Hilton*
July 9-11	Family Practice Review	Stouffer's*
Sept. 11-12	Childhood Trauma	Stouffer's*

* Session to be held at Indianapolis
** Will be rescheduled

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Specializing in Medical Personnel

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NEWS NOTES

Medical Staff Elections Held

Dr. Daniel T. Ramker, Hammond, has been elected president of the St. Catherine Hospital of East Chicago medical staff. Serving with him will be **Dr. Forrest LaFollette, Munster,** as vice-president, and **Dr. Walter P. Urbanski, Munster,** secretary-treasurer.

Dr. Wayne Crockett was recently installed as president of the medical staff at St. Anthony Hospital, Terre Haute. President-elect is **Dr. Paul Siebenmorgen;** secretary-treasurer, **Dr. V. G. Sison.**

Dr. B. V. Roberto, Austin, has been elected chief of staff at Scott County Memorial Hospital, Scottsburg.

Dr. Donald Pruitt, Princeton is the vice-president of the Gibson General Hospital, while **Dr. James F. Peck,** also of Princeton, is secretary-treasurer. Bruce C. Brink, O.D., is the new president of the hospital medical staff.

New officers chosen for the St. Margaret Hospital, Hammond, medical staff are: President, **Dr. George C. Rasch, Hammond;** vice-president, **Dr. Ronald P. Feldner, Munster,** and secretary-treasurer, **Dr. George G. Kelly, Munster.**

Governor Bowen Makes Appointments

The following have been reappointed to indefinite terms on the Indiana Mental Health-Mental Retardation Planning Commission: **Drs. John A. Bowman, Kokomo; Edward C. Shipley, John U. Keating, Raymond Kiefer and Donald F. Moore, Indianapolis, and Eugene G. Roach, New Castle.**

Robert J. Amick, Scottsburg, has been named to the Board of Animal Health.

Health Board Appointments Made

Dr. C. E. Reich, reappointed by the Mayor of Evansville to a four-year term on the Board of Public Health, was elected Board Chairman. **Dr. E. Wayne Ratcliffe** serves as Vice-Chairman.

Dr. Virgil C. Miller, Akron, has been renamed to a four-year term on the Fulton County Board of Health.

Drs. Barbara Backer, LaPorte, and Milton Bankoff and King S. Jones, both of Michigan City, have been appointed to the LaPorte County health board.

Dr. William J. Warn, Milan, has been reappointed to the Ripley County Board of Health for a four-year term.

Reappointed to a four-year term on the Orange County health board is **Dr. W. E. Schoolfield, Orleans.**

Dr. William N. Horst's reappointment to the Lake County Board of Health has been announced. He is in practice at Crown Point.

Dr. Madeline P. Dublin, Francesville, is serving as a member of the Pulaski County health board.

Dr. Marvin L. McClain has been appointed Scott County health officer, and **Dr. J. C. Bacala,** county doctor. Both are of Scottsburg.

White County commissioners named **Dr. Warren V. Morris, Monticello,** to replace **Dr. Stan McClure** who retired last year, on the county health board.

Dr. A. P. Hattendorf, former part-time commissioner for the Fort Wayne Health Department, has been named commissioner of the Fort Wayne-Allen County Board of Public Health. **Dr. Maurice Glock** is president of the board.

Dr. Kerr Appointed FDA Consultant

Dr. Charlotte H. Kerr, Michigan City gynecologist, has been appointed as a consultant to the Federal Food and Drug Administration Panel of Review on Obstetrics and Gynecology Devices, it was announced in Washington by Alexander Schmidt, M.D., commissioner of the Food and Drug Administration.

Dr. Kerr, wife of **Dr. John Kerr,** is the only woman M.D. on the panel of nine members.

A member of the American Medical Women's Association, Dr. Kerr was recently re-elected to the AMWA executive Board.

St. Vincent Hospital Schedules Move To 2001 W. 86th St., Indianapolis

Sunday, March 31, is the day scheduled for the move of St. Vincent Hospital from 120 Fall Creek Parkway to 2001 West 86th St., Indianapolis.

The 337th general hospital unit of the 123rd U.S. Army Reserve Command will assist in moving the patients.

"The New Alcoholics: Teenagers" Newest Public Affairs Pamphlet

"The New Alcoholics: Teenagers" is the subject of Public Affairs Pamphlet No. 499. Alcohol is emerging as the number one drug of abuse among young people. The pamphlet analyzes the problem, discusses the physiological, psychological and social factors involved and offers special guidance to parents. The price is 35 cents per copy, with rates for multiple copies. Write to Public Affairs Pamphlets, 381 Park Ave. South, New York City, 10016.

Dr. Rogers Going Back to Thailand

Dr. Thomas K. Roberts, Paoli, who spent 10 years in Thailand before coming to Orange County two years ago, has heeded a call to return to Thailand. Informed two missionary doctors were retiring and there are no replacements, Dr. Roberts decided to return. The Presbyterian Mission Board had urged the Roberts family to leave the Asian nation two years ago because troops were engaged in battles very near their home.

Dow Expands Research Facilities

Dow Chemical has begun a $2 million expansion of facilities at Midland, Mich., for research. Part of the new laboratory will be devoted to study of effects of inhalation of chemicals and gases. Dow's toxicology work will study raw materials used in manufacturing with a view to improving safety in manufacturing.

23 Research Starter Grants Awarded by PMA Foundation

The Pharmaceutical Manufacturers Association Foundation announces the awarding of 23 research starter grants totaling $230,000 to post-doctoral investigators in schools of pharmacy, medicine and veterinary medicine. The grants are designed to assist investigators starting their research efforts in pharmacology, clinical pharmacology and drug toxicology.

Promoted to Research Advisor by Lilly

Dr. Emmett C. Pierce has been promoted to research advisor by Eli Lilly and Company. Dr. Pierce joined Lilly as a physician in 1961 and in 1964 was named head of the pathology department of the Greenfield Laboratories.

Alcoholism Film in Color Offered

"A Firm Hand" is a 28-minute color dramatic film, which discusses ways of dealing with the problem of alcoholism. It treats aspects of industrial alcoholism, both executive class and blue-collar class. The film is available for sale and rental through Association-Sterling Films, 866 Third Ave., New York City 10022.

Hoosier Physicians Find Time For Varied Community Services

Dr. Tom W. Wachob, Kokomo, is chairman of the committee to enlist the interest and support of Howard County physicians in the Howard Community Hospital Foundation.

Dr. John E. Doan, Decatur, has been appointed to the board of trustees for the Adams County Memorial Hospital.

Among recent appointees to the board of directors of the National Cancer Council are **Drs. Ned B. Hornback, Indianapolis, Gerald Nolan, Fort Wayne and Donald R. Taylor, Muncie.**

Dr. William R. Tindall, Shelbyville, has been appointed to the Major Hospital board of directors.

The Anthony Wayne Area Council, Boy Scouts of America, which coordinates Scouting activities in 11 northeastern Indiana counties, has named **Dr. Arthur F. Hoffman, Fort Wayne** anesthesiologist, president.

The medical director of St. Vincent Hospital, **Dr. Paul F. Muller, Indianapolis,** has been named to the ad hoc committee on hospital directives of the National Federation of Catholic Physicians' Guilds.

Dr. Frank Stewart, Vincennes, former superintendent of Hillcrest Hospital, has been named to the board of guardians of the Knox County Children's Home.

Dr. Donald Boyer, Lebanon, has been named to the board of directors of the new Tri-County Mental Health Foundation, which was formed to work toward the establishment of a mental health clinic to serve Boone and Hamilton Counties and Pike Township in Marion County.

Dr. James R. Daggy, Richmond, is co-chairman of the business and professional division of the local YMCA's Operation Keep Pace.

Dr. William C. Parke, Warsaw, has been reappointed a director of the Hospital Authority of Kosciusko County.

The Northwest Indiana Vocational Education Cooperative has assembled a 33-member advisory committee to propose possible training programs to be included in the co-op's curriculum. **Dr. Wei-Ping Loh, Gary,** is one of the committee members.

Dr. Gene R. Hay, Michigan City, has been appointed to a four-year term on Michigan City's new air pollution control advisory board.

Dr. Bob R. Cagle, New Palestine, is a member of the Doe Creek Building Corporation, which is planning a new school in Southern Hancock County.

Dr. Joyce Byllesby, Crawfordsville, has been appointed to the League of Women Voters' advisory committee for the coming year.

A South Bend physician, **Dr. Edward A. Gergesha,** has been named chairman of a Child Abuse and Neglect Steering Council under the auspices of the Community Coordinated Child Care Association.

Dr. Hanus J. Grosz, Indianapolis, was elected first vice president of the Community Addiction Services Agency of Indianapolis recently.

Dr. Robert W. Sherwood, Evansville, is serving as a member of the executive committee of the Vanderburgh County Society for Crippled Children and Adults and the Rehabilitation Center.

Dr. Robert W. Briggs, Indianapolis, is co-chairman of the campaign to raise $2 million in voluntary gifts for construction of a new building for the YWCA of Indianapolis.

Dr. C. David Ryan, Columbus, has been elected to the board of the Columbus Area Chamber of Commerce.

When the LaGrange County Addictions Committee was formed recently to deal with local problems of alcohol and drug abuse **Dr. Lloyd Studebaker, LaGrange,** was named to serve on the substance abuse board.

Dr. William Nowlin, Gary, has been elected to the American Cancer Society's national board of directors. He has been active in Cancer Society work since 1970 and is presently president of the ACS Lake County unit. In 1973, Dr. Nowlin was named Indiana's "Outstanding Young Man" by the Indiana Jaycees. He has also received awards for his services from the national Jaycees and the National Association for the Advancement of Colored People.

Dr. Ulrey Attains Diplomate Status

Dr. Robert P. Ulrey, Evansville, was recently named a diplomate of the American Board of Anesthesiology.

AAP Offers Immunization Flyer

A one-page flyer urging parents to make sure their children are adequately immunized against communicable disease has recently been made available by the American Academy of Pediatrics.

The flyer warns that "One in three preschoolers aren't immunized" and points out that the childhood diseases like measles, rubella, polio, whooping cough and diphtheria can cripple and kill children.

The flyer also contains an immunization schedule recommended by the Academy, and urges parents to check with their family physician or local public health department if they are unsure about their child's immunization status.

The flyers are available from the American Academy of Pediatrics, Dept. P., Box 1034, Evanston, Ill. 60204. Price is $3 per 100 copies.

Continued

School Named for Dr. Henry Eggers

Dr. Henry W. Eggers, Munster, was honored on January 20 by the dedication of the Henry W. Eggers Middle School in Hammond. Mrs. Jean Pilot gave the dedicatory address entitled "Henry W. Eggers, Physician, Educator, Humanitarian."

Lilly Awards $50,000 to PMA Foundation

Eli Lilly and Company has awarded a gift of $50,000 to the Pharmaceutical Manufacturers Association Foundation to advance medical and scientific research and encourage the study and development of the science of therapeutics. PMA Foundation funds are directed mainly toward education and training programs for medical faculty and students.

Drs. Green at Kaiser Hospital

Dr. Frank Green of Rushville reports that his two orthopedist sons are at present in the Kaiser Hospital in Oakland. Dr. David Green, I.U. class of 1965, is teaching and is engaged in hip and knee replacement surgery. Dr. William L. Green II, I.U. class of 1969, is an orthopedic resident in the same hospital. He was recently chosen by the National Orthopedic Society as one of four senior orthopedic residents in the U.S. who will spend six weeks this spring on a traveling fellowship.

Dr. Devetski Conducts Seminar for FDA

Dr. Robert Devetski, South Bend, conducted a seminar on January 15 for the medical staff of the Bureau of Drugs of the FDA. The seminar was one of a series being held to afford a critical appraisal of the FDA by practicing physicians.

New Dimensions in Leadership Theme of AMA National Conference

The AMA National Leadership Conference, "New Dimensions in Leadership for 1974," was an outstanding success in attendence, content and response. I was privileged to attend as Indiana State Auxiliary president, the first year that state presidents of Auxiliaries have been invited to attend.

Eight seminars were held, from which each attendee could choose four. The general sessions were held Friday evening and Sunday morning. Saturday was given to seminars following breakfast at 7:15 a.m. with the program "Old Tunes with New Words" by AMPAC Board Chairman, Jack Lewis, M.D. The break for luncheon included a speech by House Speaker Carl Albert.

Attendence at this conference was close to 800 and I was greatly impressed by the time and energy expended in the planning and production of this meeting, as well as the response of those present, obviously very busy but informed and dedicated men giving that extra time to their profession of medicine.

Indiana was well represented by its president, president-elect, executive secretary, and various Board members. We all agreed that one of the outstanding events was the speech by Alvin Toffler, author of *Future Shock,* entitled "Future Shock —the Institution of American Medicine."

The seminars were: The Regulatory Challenges, Local and Federal; Surveys Your Medical Society Can Develop; National Health Legislation in 1974; New Developments for Membership Promotion and Retention; Presidents' Workshop; Basic Public Relations Methods and Tools for the County Medical Society; Relicensure, Recertification and Continuing Medical Education, and The Physician as a Purchasing Agent for His Patient. A general session with a panel which was extremely provocative was entitled "Medicine's Stake in the Medical Staff Organizational Crisis."

This was a very interesting conference for me and although I don't pretend to understand everything I heard, I am impressed with the activity to keep physicians informed and abreast of what's happening in medicine today.

Mrs. W. W. Stogsdill, President,
Woman's Auxiliary of ISMA

Dr. Swaim Is New Coroner

Dr. J. Franklin Swaim, Rockville, has been appointed coroner of Parke County.

Dr. Robert Frost Installed

Dr. Robert J. Frost, pathologist at St. Anthony, Memorial and Walters hospitals in Michigan City, was recently installed as president of the American Society of Clinical Pathologists.

Indiana Chapter, AAPS, to Meet

The Indiana Chapter of the American Association of Physicians and Surgeons will meet following a luncheon at the Holiday Inn at Muncie on Sunday, March 31.

Twinkle, Twinkle, Politician

Twinkle, twinkle, politician;
Fly your legislative mission.
Think up lovely little bills
To cure our real or fancied ills.
Regulate the cost of meat;
Let the Russians buy our wheat.
Never mind the soaring prices;
We are used to fiscal crises.
Give our grants or pass a pension,
Just to show your good intention.
What care we if taxes rocket?
It only hurts us in the pocket.
Subsidize the tobacco crop;
But warn all smokers they should stop.
Blast the medical malefactors
But pay the local chiropractors.
Promise folks to buy their pills
And pay up all their doctor bills.
But then be sure the doc gets piles
Of retrospective claim denials.
Hit us doctors of the nation
With price control discrimination;
But just remember, chum, our PAC
Will help decide if you come back.

—Russell Roth, M.D., President of the AMA. From Pennsylvania PAC Bulletin.

HCR 39

A CONCURRENT RESOLUTION expressing concern for the involvement of the United States Congress and certain federal administratives agencies with private health care and requesting a re-evaluation by the United States Congress and national administration regarding health care services.

WHEREAS, The ability of citizens to adequately enjoy and effectively contribute to the opportunities of society depends to a great extent upon their individual state of health; and

WHEREAS, The primary responsibility for providing for health care rests upon the medical profession; and

WHEREAS, The Congress of the United States and federal administrative agencies have, in recent years, initiated a number of programs having an impact upon the medical profession which include: administrative controls on hospital and laboratory utilization, total review of all aspects of medical care by professional standards review organizations, increased controls by governmental planning bodies, preferable treatment through tax subsidies to new health care delivery systems as opposed to private medical practice and the threat of a national health care delivery system which would ultimately lead to total control both of physicians and their patients; and

WHEREAS, These actions have significantly reduced the ability of physicians to exercise their best judgment on behalf of their patients, decreased the amount of time available for patient care, increased the cost of health care, reduced the attractiveness of the medical profession to able young men and women, and threatened to restrict the freedom of choice for patients: Therefore

BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE GENERAL ASSEMBLY OF THE STATE OF INDIANA, THE SENATE CONCURRING:

SECTION 1. That the 98th session of the Indiana General Assembly expresses concern over these negative impacts of current policies and requests the United States Congress and the national administration to re-evaluate current federal policy regarding provision of health care services and take appropriate steps immediately to eliminate unwarranted interference with the private practice of medicine.

SECTION 2. Copies of this resolution shall be forwarded to the President of the United States, the Secretary of Health, Education, and Welfare, the director of the Department of Health and all Indiana United States Senators and Representatives.

Radiologists Elect Dr. John Beeler

Dr. John W. Beeler, Indianapolis, has been named president-elect of the Radiological Society of North America.

Doctors Attain Fellowship Status

The Journal has learned of the recent elevation to Fellowship status of the following physicians in the listed organizations:

Dr. Gary E. Underhill, Evansville—American Academy of Pediatrics.

Dr. Frank L. Behrend, Valparaiso—American College of Obstetricians and Gynecologists.

Dr. John Hartman, Angola—International College of Surgeons.

Dr. Paul Alvarez, Merrillville—American Academy of Orthopaedic Surgeons.

Named Lilly Research Vice-Presidents

Drs. Charles N. Christensen and Robert H. Furman, Indianapolis, have been named vice-presidents of a new division of Eli Lilly and Company. To be known as Lilly Research Laboratories, the new division will consolidate and direct the company's worldwide research and development activities.

Certified in Gastroenterology

Dr. Charles W. Magnuson, South Bend, has passed the examination for certification as a diplomate in the subspecialty of gastroenterology. A diplomate of the American Board of Internal Medicine, he is a Fellow of the American College of Physicians.

"Today's Medicine" Live on WAT 21

"Management of Epilepsy" and "Crossed Eyes and Children" are among the topics scheduled during the coming month on WAT 21 Medical Television's live series, "Today's Medicine."

"Today's Medicine" is transmitted to 26 hospitals on the WAT 21 closed circuit Medical Television Network Tuesdays at 12 Noon. Topics to be covered in the next few weeks and network hospitals with WAT 21 viewing areas are listed below.

For information on postgraduate credit for viewing these programs, contact your hospital's Director of Medical Education or the Division of Postgraduate Medical Education, In-

Continued



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diana University School of Medicine, 1100 W. Michigan St., Indianapolis 46202.

Physicians who practice in an area not served by WAT 21 may request videocassette or one-inch videotape copies of the programs for viewing at any of the more than 50 hospitals equipped with videotape players.

For more program information contact: WAT 21 Station Manager, Indiana University School of Medicine, telephone (317) 264-4316.

March 12 "Cutaneous Change in Several Systemic Diseases" Victor Hackney, M.D., Arthur Norins, M.D.

March 19 "Management of Epilepsy" Omkar N. Markand, M.D.

March 26 "Endocarditis" Arthur White, M.D.

April 2 "Crossed Eyes and Children" Eugene Helveston, M.D.

April 9 "Gonorrhea" William Sawyer, M.D., Warner Wegener, Ph.D., George F. Brooks, M.D.

Credit Where Credit Is Overdue

In last month's NEWS NOTES there appeared two pictures —one taken at LaPorte when past presidents were honored, and one taken at Valparaiso when four long-time members were cited. Credit should have been given to the LaPorte *Herald-Argus* and the Valparaiso *Vidette-Messenger*, who furnished the photographs in response to the *Journal's* request.

Dr. Gardiner Named Consultant On Hospital Dental Service

Dr. Sprague H. Gardiner, Indianapolis, a member of the AMA's Committee on Maternal and Child Care, has been named by the American Dental Association as a consultant to its Council on Hospital Dental Service.

Dr. Coleman for Bike Trail Bill

Dr. Floyd Coleman, Waterloo, a member of the Indiana House of Representatives, spoke up recently for a bill which would let the Natural Resources Department and State Highway Commission cooperate to get and route bicycle trails from rights-of-way unused for other purposes.

The bill would require motor vehicle drivers as well as bicyclists to take license examination questions on bicycle traffic.

Dr. Harold Ropp Featured As 42-Year "Country Doctor"

A full-page feature story in the Evansville *Courier-Press* recently was devoted to the life of **Dr. Harold Ropp** and his practice of medicine in New Harmony for the past 42 years.

Dr. Ropp still makes house calls. Reminiscing about the early days of his practice, Dr. Ropp said that the standard fee for house calls then was $1.75 and mileage. "I remember once a patient paid me off with a half a beef and I still owed him eight cents," he said.

Schedule of Upcoming NCME Programs

Here are the playing dates and upcoming programs to be distributed by The Network for Continuing Medical Education (NCME):

Mar. 11-Mar. 24	THE BREAST EXAMINATION, with Angelo J. DePalo, M.D., Assistant Attending Surgeon, Memorial Hospital for Cancer and Allied Diseases, New York City.
	IS IT SINUSITIS? with Melvin E. Sigel, M.D., Clinical Associate Professor of Otolaryngology, University of Minnesota Medical School, and Assistant Chief of the Department of Otolaryngology, Hennepin County General Hospital, Minneapolis.
	AN EFFECTIVE WAY TO CONTROL PSORIASIS, with Paul Lazar, M.D., Associate Professor of Dermatology, Northwestern University, Chairman of the Audio-Visual Committee at the American Academy of Dermatology, and Chairman of the AMA Task Force on Cosmetics, Evanston, Ill.
Mar. 25-Apr. 7	ALOPECIA IN DIAGNOSIS, with Norman Orentreich, M.D., Clinical Associate Professor of Dermatology and Syphilology, New York University School of Medicine, New York City.
	THE MEDICAL MANAGEMENT OF METASTATIC BREAST CANCER, with Justin J. Stein, M.D., Professor of Radiology and President of the American Cancer Society, University of California, Los Angeles.
	THE DIFFERENTIAL DIAGNOSIS OF SYSTEMIC LUPUS ERYTHEMATOSUS, with Naomi F. Rothfield, M.D., Professor of Medicine and Chief, Arthritis Division, University of Connecticut School of Medicine, Farmington.

For more information about NCME, write The Network for Continuing Medical Education, 15 Columbus Circle, New York, New York 10023.

(Program scheduling subject to change)

What's New?

American National Standards Institute has published a book entitled "Safe Use of Lasers." Both the medical and industrial uses of lasers are covered by authoritative discussions. Copies are available at $9 each by writing the Institute at 1430 Broadway, New York City 10018.

* * *

Radiation Protection Products has a new male gonadal shield for men patients in diagnostic roentgenology. It consists of pliant polyvinylchloride impregnated with lead. It provides frontal, lateral and posterior protection with comfort. It is furnished with either a disposable brief, a washable brief or a washable athletic supporter to hold the shield in place. It is made in adult and pediatric sizes.

* * *

Doubleday has published "The Persecuted Drug: The Story of DMSO." It is a sensational story of dimethyl sulfoxide, its discovery and rediscovery, and its checkered and controversial career ever since. The book is, in part, an indictment of the FDA, which agency, in the opinion of the author, has mishandled the drug from the beginning. Written by Pat McGrady, 384 pages, price $6.95.

* * *

Consolidated Midland announces the availability in this country of the new OPTREX Cleaning and Polishing Cloth. Manufactured in England, the new cloth is suitable for all lenses, reading and sunglasses, and photographic and microscopic lenses. It will be sold by drug stores, optometrists and optical departments.

* * *

The FOREGGER® line of anesthesia equipment has added a new endotracheal tube. It is a sterile, disposable tube combining a DISPOSATUBE® endotracheal tube with a low pressure SOFT-CUF® latex cuff. The wall of the tube is clear. The cuff is soft, flexible and bears evenly on a wide surface of the trachea to minimize trauma.

* * *

Isolette announces a new cageless pediatric bed which may be used as a crib, playpen or youth bed. The heighth of the bed and the position of the mattress are changed electrically. The bed has a restraint cover and all the equipment for an oxygen tent. A 4-color 4-page folder outlining specifications may be obtained.

* * *

The new Tenckhoff Peritoneal Dialysis System, made by Physio-Control Corporation, has been recently introduced. It is said to be much simpler to operate than hemodialysis models and is competitively priced. It is designed for home or institutional use, and requires less patient training than is customary with hemodialysis.

* * *

Verder-Vleuten of the Netherlands has perfected a device for the continuous production of dialysis solution from hemodialysis concentrate and soft or demineralized water mixtured in the correct proportions. The machine, composed of mixing equipment and a patient monitor, can be used in hospitals or in the home.

* * *

Prentice-Hall recently released a new book, "Investing for Profit with Torque Analysis of Stock Market Cycles." It is by William C. Garrett. It describes a practical approach for accurately determining the fluctuation rate of individual stock prices and reading the clues for buying and selling. 255 pages. $19.95.

* * *

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The Woman's Auxiliary Reports to ISMA

Dear Doctor:

Do you know your alphabet? Just when we think we've got it all together, along comes a series of letters and numbers games that put us in pre-school condition! To keep you "in" on what's "up" here's a part of your health alphabet.

AMA — American Medical Association, organized medicine's advocate, keeps your concerns before Congress, the media and the public

COLC — Cost of Living Council — regulates your fee increases and presently has placed a 4% limit on the aggregate weighted price increase for the physician's practice and a 10% limit on the price of any individual service or procedure. For procedures under $10, an additional $1 may be charged—but, fee increases may not result in an increase in the Physician's Revenue Margin in excess of the PRM for his base period.



HEW — Your friendly Health, Education, and Welfare department, headed by Secretary Caspar Weinberger, whose latest suggestion, to gear reimbursement for drugs under Medicare and Medicaid to generic prices, was announced in testimony before the Senate Health Subcommittee late in December. He estimated savings at from $25 to $60 million a year. Quality? Why Doctor! How dare you question the Secretary! HMO—Health Maintenance Organization is the name of the game — and proposed regulations for the program will be published by the end of March says Charles C. Edwards, M.D., Assistant HEW Secretary for Health. The law authorizes $375 million over five years to help set up HMOs which are to be treated as a "major priority." (Add $500 million for a revolving loan fund.)

FEO — Federal Energy Office—a new one for you, which invites you to comment on a gasoline rationing contingency plan. Current regulations provide that emergency health services and health care institutions will receive 100% allocation of current needs. These regulations don't set forth methods of distribution of gas to individual physicians, nurses and other health care personnel.

NHI — National Health Insurance is hard to define just yet because many bills are being proposed which range from total governmental financing and control (Kennedy) to the Medicredit Bill which the AMA has proposed. The Administrations bill "will be based on the private sector system and will not involve nationalizing either the medical profession or the health care industry. . . . It will be a very high priority Administration program and a very comprehensive one," said Secretary Weinberger in an appearance on the Today show. With tongue in cheek, we watch.

AMPAC — American Medical Political Action Committee which uses your contributions to support those candidates favorable to organized medicine—both parties.

IMPAC — The Indiana branch of medicine's Political Action Committee.

PSRO — The least palatable word in your new alphabet, Peer Standards Review Organization. To quote Dr. Russell Roth, AMA President, "These are supposed to be groups of doctors set up to review the quality and medical necessity of care given under Medicare and Medicaid. The AMA originally opposed PSRO. But once it became law, we decided that if such review was going to be done it would be better for all concerned if it were done by physicians . . . Peer review—the concept on which PSRO is based—was invented by the medical profession and was in existence long before the government ever heard of the idea. . . ."

There's a lot more in your alphabet, dear doctor, and irritating as it may seem, you'd better learn your ABCs.

Gook luck

Pat Strogsdell

President, Woman's Auxiliary to ISMA

Association News

BOARD OF TRUSTEES

November 10, 1973

The Board of Trustees of the Indiana State Medical Association convened in the Headquarters Building on Saturday evening, November 10, with Vincent J. Santare, M.D., chairman, calling the meeting to order at 7:25 P.M. Dr. Santare welcomed the new members of the Board: Dr. Rosenblatt of Evansville from the first district and Dr. Farquhar of Ft. Wayne from the 12th District.

Roll call showed the following:

Dist.	Trustee	
1	Gilbert Wilhelmus	Present
2	Paul W. Holtzman	Present
3	Eli Goodman	Present
4	Howard C. Jackson	Present
5	Cleon M. Schauwecker	Present
6	Paul M. Inlow	Absent
7	John O. Butler	Present
	Joseph F. Ferrara	Present
8	Richard G. Ingram	Present
9	William Sholty	Present
10	Vincent J. Santare, chairman	Present
11	James A. Harshman	Present
12	John S. Farquhar, Jr.	Present
13	G. Beach Gattman	Present

Dist.	Alternate	
1	Bernard B. Rosenblatt	Present
2	Betty J. Dukes	Absent
3	Thomas Neathamer	Present
4	William F. Blaisdell	Present
5	William G. Brannon	Present
6	Glenn Ward Lee	Present
7	Donald McCallum	Absent
7	John G. Pantzer	Present
8	Jack Alexander	Absent
9	Max Hoffman	Present
10	Martin O'Neill	Present
11	Lloyd L. Hill	Present
12	Walter D. Greist	Absent
13	Donald Chamberlain	Present

Officers	
Joe Dukes	Present
Gilbert Wilhelmus	Present
Hugh K. Thatcher, Jr.	Present
Arvine G. Popplewell	Absent
Frank B. Ramsey	Present
James H. Gosman	Present
John W. Beeler	Present
William R. Cast	Absent

Executive Committee	
Donald M. Kerr	Present
William R. Clark	Present

Staff	
Robert J. Amick	Absent
Howard Grindstaff	Present
Michael McDermott	Present
Kenneth W. Bush	Present
James A. Waggener	Present

MINUTES OF THE MEETING HELD OCTOBER 7, 9 AND 11, 1973

The minutes of the meetings of the Board held October 7, 9 and 11, 1973, were approved by a motion of Dr. Thatcher seconded by Dr. Ferrara.

The executive secretary was called upon to make a report of the exhibit income during the Convention. Mr. Waggener pointed out that at the date of this particular meeting it looked like our loss on the 1973 Annual Meeting would be somewhere in the neighborhood of $18,000. We had a registration of 732 members of the Association and he distributed to those present a report of the Medical Exhibitors Committee concerning the 1973 meeting.

CHAIRMAN SANTARE—any comments?

Several suggestions were made. One, to stimulate interest, more social activities should be planned and that a subcommittee be appointed for this specific purpose. Two, eliminate the empty spaces, thereby shortening the Convention at least one day. Three, more scheduled activity for the wives while the husbands are attending to the business of the Convention.

Upon motion of Dr. Ferrara seconded by Dr. Schauwecker, it was moved that members of the Board bring their suggestions to the Future Planning Committee and to the Commission on Convention Arrangements as to how they could improve Convention in 1974.

The Chair then appointed a special sub-committee with Dr. Ferrara as chairman, the other members being Doctors Gattman and Ingram.

President Dukes announced that he had appointed a special committee to arrange for the promotion of the 1974 meeting, inasmuch as this would be the 125th Anniversary of the Indiana State Medical Association.

Chairman Santare called on Doctor Harshman regarding his 11th District Trustee's Report, which was referred to the Commission on Medical Education and Licensure.

DR. HARSHMAN — Inasmuch as this report had been referred to the Commission on Medical Education and Licensure, I feel there is no need for further discussion. Upon motion of Dr. Gattman and seconded by several, it was voted to recommend to the Commission that they refer this to the attention of the Indiana University School of Medicine.

CHAIRMAN SANTARE — We will now call upon the executive secretary to give the proposed dates for future meetings of the Convention.

MR. WAGGENER

The schedule we have for future meetings is as follows:

1974	Indianapolis
1975	French Lick
1976	Indianapolis
1977	Indianapolis
1978	French Lick

A discussion then ensued concerning Resolution 73-11 and its intent as to moving the meeting dates of the Association or perhaps having two during the year. By consent, it was agreed to refer Resolution 73-11 to the Future Planning Committee for further consideration, with the hope that this Committee might report back to the Board at the January meeting.

CHAIRMAN SANTARE — We will now move to Item D—**DUES FOR INTERNS AND RESIDENTS**

If you remember, at our meeting we took action on October 11th to establish dues at $25.00 per annum for interns and residents. The House also provided for student membership and for the students to elect a voting delegate. However, nothing was mentioned about a membership fee. Does the Board have any suggestions about fees for student members?

Dr. Schauwecker — I move that we set the dues at $10.00 per year. The motion was seconded by Dr. Goodman. Discussion ensued, with Dr. Hill pointing out that the Reference Committee's action was not to require dues and Dr. Ingram pointing out that the policy is the responsibility of the House of Delegates, and if they wanted students who are members of the SAMA Organization to become members without payment of dues, they did not think the Board had a right to change it. Following a lengthy discussion, Dr. Schauwecker withdrew his motion and Dr. Goodman withdrew his second.

Dr. Gosman then moved that the matter be tabled until it is reviewed, particularly the report of the Reference Committee, and that it be brought up again at the session on Sunday. The motion

was seconded, put to a vote and carried.

RESOLUTION 73-13—PRESCRIPTION LABELLING

The chairman read the resolution as adopted by the House and noted that the House had referred this to the Commission on Legislation. If there is no objection, we will refer this to the Commission on Legislation for implementation.

RESOLUTION 73-14—CORRELATION OF MEDICAID, MEDICARE, REGULATIONS AND PROVIDER PAYMENTS

The House referred this to the Commission on Legislation.

CHAIRMAN SANTARE — I think that the particular point that is to be resolved is that this matter be referred to the ISMA Commission on Legislation for necessary research and introduction in the next session of the Indiana General Assembly with possible referral to the Congress of the United States. The main point was that this Commission on Aging go on record as accepting the concept of attempting to correlate Medicaid and Medicare payments for Medicaid patients. That was where we got in a big discussion as to matters of regulation and payment to providers. I believe that is the issue at present and the resolution is that this be referred to our Commission on Legislation and brought before the Indiana General Assembly with possible referral to the Congress of the United States. Is there any discussion? The motion was made, seconded and carried that this be referred to the Commission on Legislation.

RESOLUTION 73-15—PHYSICIAN ADVISORS TO INDIANA SOCIETY AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS

The House referred this to Executive Committee of the Association.

THE REPORT OF THE COMMISSION OF INTERPROFESSIONAL RELATIONS REGARDING THEIR ESTABLISHMENT OF JOINT PRACTICE (NURSE-PHYSICIAN) COMMITTEE AND IT BEING MADE A PERMANENT COMMITTEE OF ISMA. It is also stated that the Nurses Association at their Convention had approved $1,000 for this Joint Practice Committee and that this was being brought to the attention of the Board to consider a similar grant and an initial support of money. The Bylaws of this Committee were distributed for your review.

Dr. Ferrara moved that there should be more time allotted for further review, also there should be a fiscal statement included.

Dr. Dukes suggested that this be referred to a sub-committee of the Board.

Dr. Gosman moved that this Board invite the Chairman of the Commission on Interprofessional Relations, Dr. Rosenberg, to appear before the Board to explain in detail what was needed. The Board would then have the opportunity to read the proposed Bylaws and to review the basic concept in establishing Interprofessional Relationships with this and other organizations.

Dr. Ferrara withdrew his motion.

Dr. Goodman then seconded Dr. Gosman's motion, which was put to a vote and carried. The Chair appointed Doctors Jackson and Goodman to go over the Bylaws in detail, but Dr. Goodman asked to be relieved and Dr. Jackson was appointed to review this before the next meeting of the Board.

PROPOSED MEDICAL PRACTICE ACT. It was moved by Dr. Ingram, seconded by Dr. Schauwecker, that the stand of the Board be to instruct the Commission on Legislation to introduce an amendment to the present Medical Practice Act which would empower the State Board of Medical Registration and Licensure to suspend a license, pending the hearing subject to the Court.

Mr. McDermott, secretary of the Commission on Legislation, pointed out that the penalties involved in the unlawful practice of medicine should also be included if this were done and said that another bill had been prepared, which was entirely separate from Medical Practice Act, and which contains the powers of suspension, revocation, probation and penalties. It was moved by Dr. Farquhar that this item be deferred until the following day, November 11, so that persons involved in working on the medical practice act could be heard. The motion was seconded by several, put to a vote and carried.

RESOLUTION 73-5 ADDITIONAL ISMA STAFF MEMBERS

This resolution was adopted by the House with a fiscal note of $10,000 attached thereto. There was quite a lengthy discussion about the propriety of the House adopting this without the approval of the budget committee and the Board of Trustees, and then a discussion ensued as to what is meant by a fiscal note.

Upon motion of Dr. Goodman and seconded by several, the Board adopted the position that a fiscal note should mean "price tag." The motion was carried.

Dr. Gosman then moved that this matter be returned to the Commission on Medical Education and Licensure for clarification as to how the money is to be raised. The motion was seconded by Dr. Butler and put to a vote and the motion did not carry.

Dr. Harshman then moved that, if necessary, we take up to and not exceeding $10,000 from the reserves of the Association to finance this program, but with the stipulation that the Chairman of the Commission report to the next meeting of the Board concerning the planned use of the funds before they are released. The motion was seconded by several, put to a vote and carried.

RESOLUTION 73-22—THE ESTABLISHMENT OF A FOR-PROFIT CORPORATION

The motion was made and duly seconded that this item be tabled until Dr. Neumann was present on Sunday, November 11th.

REPORT OF THE FUTURE PLANNING COMMITTEE

Upon motion by Dr. Gosman, it was moved that this be left to the discretion of the president and the Commission on Convention Arrangements to determine if it is necessary. The motion died for lack of a second; by consent, the matter then was taken as a matter of information for the Board.

THE REPORT ON THE COMMISSION ON LEGISLATION AND THE VARIOUS ACTS WHICH WERE PROPOSED FOR INTRODUCTION BY THIS COMMISSION

The Medical Practice Act — this matter was tabled until November 11th.

Emergency Medical Services — upon motion of Dr. Farquhar and seconded by several, it was voted that this be referred to the Commission on Legislation to see that the proposed law is implemented in the coming session of the Legislature.

Family Practice Residency Program, as in proposed Resolution 73-16—Dr. Gosman moved, seconded by several, put to a vote and carried, that this be sent to the Commission on Legislation, for reintroduction in the Legislature.

Death with Dignity — Same bill as last session. It was moved by Dr. Thatcher that this be sent to the Commission on Legislation to try to find a sponsor; seconded by several. Dr. Gosman com-

mented he thought it was a mistake to reintroduce, since he did not think the public was ready for such a bill as yet. The vote was taken, the motion lost.

Medical Loan Fund for Students— By motion duly made, seconded and carried that this matter be sent to the Commission on Legislation with the information that the Commission be advised that most students prefer to pay the loan off after graduating, and that monies paid as licensure fees be diverted from the general fund for this specific purpose.

Requirements for Licensure in Healing Arts — By motion of Doctor Gosman, seconded by several, it was moved that this be referred to the Commission on Legislation for proper implementation.

REPORT OF THE COMMISSION ON GOVERNMENT MEDICAL SERVICES.

This was reviewed and taken by consent that the report be accepted for information.

RESOLUTION 73-2, PREVENTION OF ADVERTISING IN THE MEDIA BY ALL SO-CALLED MEMBERS OF THE HEALING ARTS. It was moved, seconded to refer this to the Commission on Legislation and motion was carried.

RESOLUTION 73-10, LEGISLATION TO DEFINE THE WORD PHYSICIAN Upon motion duly made, seconded and carried, this was referred to the Commission on Legislation.

RESOLUTION 73-16, FUNDING OF FAMILY PRACTICE RESIDENCY PHYSICIANS. Upon motion duly made, seconded and carried, it was referred to the Commission on Legislation.

RESOLUTION 73-19, QAP PROGRAM —By motion of Dr. Goodman and seconded by Dr. Farquhar, it was moved that resolution be prepared for introduction at the AMA Clinical Session and Dr. Farquhar added that the wording should be in opposition to TAP as well as QAP. The motion was put to vote and carried.

It was then moved by Dr. Goodman that a resolution opposing the TAP and QAP programs be drawn up by the Indiana Delegation to the AMA, to be submitted as an emergency measure at the clinical session of the AMA, to be approved by the Board on November 11. This was seconded and carried.

RESOLUTION 73-20, STATE HIGHWAY COMMISSION. Dr. Farquhar pointed out that he felt there should be a medical advisor representative on the State Highway Commission rather than a member. It was moved by Dr. Gosman and seconded by Dr. Farquhar this be referred to the Emergency Medical Services Committee for possible legislation to include a medical doctor in an advisory capacity to the State Highway Commission. The motion was put to vote and carried.

RESOLUTION 73-1 and 73-21. The Chair announced that he was to take these two together because there has been a question of interpretation. Now Resolution 73-1 was to notify HEW of encouraging physicians not to participate in PSRO activities. Resolution 73-21 was involvement in PSRO. He then called on Mr. Waggener to state the problem which he believes exists in these resolutions.

Mr. Waggener — The problem I had is on 73-21, which calls for the creation of an independent organization to do peer review and quality control without government interference. An amendment was also added to provide that this corporation so-called could not do anything, as I understand it, unless it was requested by a county medical society. The question comes up then, what type organization are we going to set up? What's its function to be? And how is it going to be funded?

The matter was discussed by Doctors Goodman, Gosman, Jackson, Lee, Hill, Farquhar and Schauwecker.

Dr. Goodman — I move that we proceed with the development of a non-profit corporation mandated by Resolution 73-21. The motion was seconded and a lengthy discussion ensued and finally put to a vote and the motion lost by a vote of 8 to 7 with one abstaining, one unable to vote.

Dr. Hill — I move that we proceed with the development of a non-profit corporation as outlined in Resolution 73-21, that we should have the legal experts draw up the specifics and mechanics to this thing, and then bring back to the Board at a later date for final approval of the Board of Trustees before moving any further.

Motion was seconded by Dr. Eli Goodman, put to vote, and carried.

It was then suggested that the president appoint a special committee to work with legal counsel on this matter.

Dr. Gosman moved that we make every effort to contact our representatives concerning repeal and that each of the trustees and alternate trustees use their personal influence concerning PSRO and that we send a letter from the State Association. The motion was seconded and amended by Dr. Goodman to include that the letter indicate a local member of the Board would make the contact as a preface. The amendment was accepted by Dr. Gosman, the motion was then put to a vote as amended and carried.

The Chairman — I will now call on Dr. Schauwecker, who has a few remarks to make. Dr. Schauwecker then explained some of the problems they were having in Putnam County regarding the building of a new hospital or remodeling the existing structure.

Dr. Schauwecker pointed out that the one of the developments which created a problem was the fact that Blue Cross had disapproved issuing participating contracts to proprietary hospitals, and pointed out for this reason, there had been no proprietary hospitals built in the state of Indiana. However, Blue Cross does have contracts with proprietary hospitals in 29 other states. Upon motion duly made and seconded, it was voted that the Board endorse unanimously a resolution which reads as follows:

"WHEREAS, more and more communities are finding themselves in a position where it is impossible, because of the present tax burden, to make the necessary improvements or replacements as required by the State Board of Health, and

WHEREAS, Private enterprise has been the very foundation upon which the economy of our country was founded, and

WHEREAS, In 29 states Blue Cross has contracts with proprietary hospitals, and

WHEREAS, It is as morally wrong for one to condemn all proprietary hospitals for the faults of the few, as it would be to condemn all health insurance companies because of the faults of the few, and

WHEREAS, Indiana Blue Cross presently has participating contracts with proprietary nursing homes in Indiana, and

WHEREAS, One of the most pressing needs in Indiana is to improve the quality of medical care in the smaller communities, and the best way to do this is to improve the facilities so that new doctors will be attracted to the smaller communities; now, therefore, be it

RESOLVED, That Indiana Blue Cross reconsider their blanket disapproval of participating contracts with all

proprietary hospitals and judge each on its individual merits so that all people can have access to quality hospital medical care."

Dr. Goodman moved to amend the motion to approve the Resolution by making an editorial change in the last resolve, change the word "reconsider" to "withdraw." The editorial change was accepted.

There being no further business the Board recessed to convene again at 9:00 a.m. on Sunday, November 11, 1973.

BOARD OF TRUSTEES

November 11, 1973

The meeting of the Board of Trustees of the Indiana State Medical Association was called to order by Chairman Vincent Santare at 9:00 a.m. Sunday, November 11, in the headquarters building of the association.

Roll call showed the following:

Dist.	Trustee	
1	Gilbert Wilhelmus	Present
2	Paul W. Holtzman	Present
3	Eli Goodman	Present
4	Howard C. Jackson	Present
5	Cleon Schauwecker	Present
6	Paul M. Inlow	Absent
7	John O. Butler	Absent
	Joseph F. Ferrara	Present
8	Richard G. Ingram	Present
9	William Sholty	Present
10	Vincent J. Santare, Chairman	Present
11	James A. Harshman	Present
12	John S. Farquhar, Jr.	Present
13	G. Beach Gattman	Present

Dist.	Alternate	
1	Bernard Rosenblatt	Present
2	Betty Dukes	Absent
3	Thomas Neathamer	Present
4	William F. Blaisdell	Present
5	William G. Bannon	Absent
6	Glen Ward Lee	Present
7	Donald C. McCallum	Absent
7	John G. Pantzer	Present
8	Jack L. Alexander	Absent
9	Max N. Hoffman	Absent
10	Martin J. O'Neill	Present
11	Lloyd L. Hill	Present
12	Walter Greist	Absent
13	Donald S. Chamberlain	Present

Officers	
Joe Dukes	Present
Hugh K. Thatcher, Jr.	Present
Arvine G. Popplewell	Absent
Frank B. Ramsey	Present
James H. Gosman	Present
John W. Beeler	Present
William R. Cast	Absent

Executive Committee	
Donald M. Kerr	Present
William R. Clark	Present

AMA Delegates and Alternates	
Eugene F. Senseny	Present
M. O. Scamahorn	Present
Lowell H. Steen	Present
Jack Shields	Absent
A. Alan Fischer	Present
Ross L. Egger	Absent
Kenneth O. Neumann	Present
Thomas C. Tyrrell	Present
Patrick J. V. Corcoran	Present

Guests	
J. E. Walther	Absent
Sprague H. Gardiner	Present
Lall G. Montgomery	Absent
Myron H. Nourse	Absent
Fred Smith, Jr.	Present
Dwight W. Schuster	Present
Lee Mortenson	Present

Staff	
Robert J. Amick	Absent
Howard Grindstaff	Present
Mike McDermott	Present
Kenneth W. Bush	Present
James A. Waggener	Present
Mary A. Cary	Present

Chairman Santare — we will now call upon the AMA delegates to discuss matters which are to come before the AMA House of Delegates in Anaheim in the first part of December. Dr. Senseny.

Dr. Senseny — I have assigned sections of the House of Delegates' handbook to be reviewed by members of the delegation for your information and action. This is in preparation for the Clinical Meeting at Anaheim, California, on December 2-5.

The first subject discussed was the poll the AMA had previously conducted regarding terms for the AMA Board of Trustees and the possible amendment to the present Bylaws to provide that the Trustee have two three-year terms, rather than as it now stands three terms of three years each. Dr. Wood spoke to the issue and, upon motion duly made, seconded and carried, the Indiana delegation was instructed to leave the Bylaws the way they are now—namely, three terms of three years each.

The respective delegates and alternates then reviewed the matters which had been assigned to them.

These reports were discussed as given and the Board indicated their opinions on the matters which were discussed by the delegates.

Dr. Wood announcement that the Benjamin Rush Award of $5,000 was to be given to Dr. Otis Bowen, Governor of the State of Indiana, during the meeting in Anaheim.

REPORT OF PRESIDENT-ELECT WILHELMUS

Dr. Wilhelmus said he had attended a meeting with Dr. Dukes in St. Louis on the subject of utilization and reported that he had over 250 phone calls on the Medical Practice Act. For our information, he said he had the tape recording of "What Price Health?" if anyone cared to listen to it.

REPORT OF THE TREASURER

Dr. Thatcher reviewed the audit completed by George S. Olive Company and moved its acceptance; the motion was seconded, put to a vote and carried.

REPORT OF JOURNAL EDITOR RAMSEY

Dr. Ramsey said the $5.00 check game was again played and that the return for September was even better than that which was received in July. He pointed out that the Indiana journal ranked high in this test. He recommended the nomination of a young physician to the Editorial Board.

REPORT OF THE FUTURE BUILDING PLAN

Dr. Thatcher reminded the Board that prior to the meeting of the House he had asked for permission to hire an architect to plan for the extension of the building and was asking again that the Board consider the possibility of authorizing the Building Committee, composed of Doctors Clark, Thatcher and Records, to take bids and acquire an architect to get something constructive to bring back to the Board. Upon motion duly made, seconded and carried, the Building Committee was given permission to seek out an architect.

PROPOSED BUDGET

Doctor Thatcher then reviewed the proposed budget and made some corrections and moved that it be accepted as the proposed budget for the fiscal year beginning October 1, 1973, and ending September 30, 1974 and adopted. The motion was seconded by Dr. Goodman, put to a vote and carried.

REPORTS OF TRUSTEES

There were no reports from any of the trustees except from the 13th District. It

was moved by Dr. Gattman, seconded by several, to remit the dues for a member in District 13. The motion was put to a vote and carried.

MATTERS REFERRED FROM THE EXECUTIVE COMMITTEE

Dr. Kerr stated that the Board had resolved the matter of $10,000 item in the budget and a definition of a fiscal note and there was nothing else from the Committee.

THE MEDICAL PRACTICE ACT

It was moved and seconded to remove from the table the item on the Medical Practice Act. The motion was put to vote and carried.

CHAIRMAN SANTARE — I will now call on Doctor Bryan to discuss this before the Board.

Dr. Bryan spoke to the Board and answered questions pertinent to the newly revised Medical Practice Act. He cleared up some misinterpretations, made an appeal to present a total bill rather than free-standing amendments, which were defeated previously. He pointed out the many strong features of the act and explained the changes.

The original motion made by Dr. Ingram on November 10th was then reviewed. The motion read that the stand of this Board be to instruct our Commission on Legislation to introduce an amendment to the present medical practice act "to empower the State Board of Medical Registration and Licensure to suspend a license pending review by the Court."

Dr. Gosman then moved that the Board listen to those people who were present who desired to speak on this subject. The motion was duly seconded, put to a vote and carried.

Dr. Farquhar then moved that the discussion be limited to five minutes each. The Chair ruled that this would be taken as a suggestion.

Dr. William Wright spoke to the Board concerning the physician assistants, their limitations and responsibilities, and recommended an amendment to the present act which would cover specific areas which the Board deems important, and to work out some provisions for the medical assistant. Dr. Ingram's original motion was then read again that the stand of the Board to be to instruct the Commission on Legislation to introduce an amendment to the present Medical Practice Act "to empower the State Board of Medical Registration and Licensure to suspend a license pending review by the Court."

Dr. Goodman spoke for the motion; it was then put to a vote and was carried.

QAP AND TAP

Dr. Farquhar then read the resolution which he wrote as a substitute to that presented by Dr. Harshman. It was moved by Dr. Goodman, seconded by Dr. Schauwecker, put to a vote and carried that this resolution be accepted and that Indiana delegation introduce it at the Clinical Meeting of the American Medical Association.

It was also moved that Doctors Gattman, Farquhar and Scamahorn prepare letters addressed to Doctor Porterfield of the Joint Commission, with copies to be sent to Doctor Gardiner and Dr. Wood, which would establish the point of delineation of duties and to include a copy of the resolution opposing QAP and TAP. The motion was accepted by consent.

STUDENT MEMBERSHIP FEES

Upon motion duly made, seconded and carried the item was removed from the table concerning student membership fees.

The action of the House of Delegates was then reviewed and Dr. Gosman then moved that there be no dues for students. Mr. Lee Mortenson commented upon AMA fees to be charged students.

Dr. Ingram suggested that SAMA on the I.U. campus be considered a county organization. Dr. Hill, who was on the reference committee that reviewed this, said the intent of that committee was to designate SAMA as a satellite county organization, to be on a per capita basis, with no fee involved, but to give them a voice in the modus operandi and to allow them the privilege of electing a delegate and an alternate delegate to receive *The Journal*. It was not the intent of the reference committee for this to be an economic burden, he said.

Dr. Gosman then moved that the Board refer this back to the Commission on Constitution and Bylaws, and that "we listen to what comes out of the AMA Convention as to what the national situation is and to tell the Commission our feelings about dues about the Reference Committee, and that it be brought back to the Board and for the next House of Delegates."

Dr. Farquhar and Dr. Pantzer then commented, and Dr. Gosman's motion was put to vote and carried.

FOR-PROFIT CORPORATION

Dr. Neumann reviewed the action of the House of Delegates, which approved the concept of a for-profit corporation to consider the possibility of offering to the membership medical liability insurance as well as other insurance plans. He told the Board that one firm offered to do this, the Harland Insurance Corporation of Texas. Copies of the proposal were distributed. This he said would be a stock corporation, the stock for 1¢ per share and pointed out that ISMA is to assist in every reasonable manner to insure the success of the program by assistance with promotion.

Dr. Neumann recommended that the Board approve the establishment of this for-profit corporation in line with what Harland has suggested, subject to legal interpretation, and then survey the membership to see if the program was acceptable to the majority.

Dr. Farquhar moved that the Board allow $750 to $1,000 to set up a for-profit corporation to test the feasibility of such a program and that the survey be authorized. The motion was seconded by Dr. Gosman, put to a vote and carried.

Dr. Neumann then asked that this be instituted outside of the purview of the Commission. The Chair then named the president, the president-elect and the chairman of the board to oversee the establishment of the corporation and to seek legal counsel so as to clarify relationship of the for-profit corporation with the ISMA.

BLUE SHIELD BOARD OF DIRECTORS

Nomination for the vacancy of the at-large member on the Blue Shield Board was deferred by consent until next meeting of the Board.

IMPAC

The Chair then called on Dr. Fred Smith, President of IMPAC, who explained proposed recommendations and changes in the present Constitution for IMPAC. Following discussion by Dr. Wilhelmus and Dr. Goodman, Dr. Farquhar moved the endorsement of the new IMPAC constitution incorporating the amendment as suggested by Dr. Goodman that the nominations for IMPAC Board be made by the Board of Trustees of ISMA.

The motion was put to vote and carried Further discussion was then held and it was suggested that on page 6, item C, "the nominating committee" and the rest of that paragraph be deleted. Dr. Goodman then suggested that the Board make the nominations for the women members and the IMPAC Board would

elect. Discussion then ensued concerning student membership, on page 3, article III, a. Dr. Thatcher said the word "in" should be changed to "an," in section B of article III. Additional suggestions were made concerning page 6, section B, that a comma be placed after the final word in the paragraph "Auxiliary," and ISMA be added with a period. Dr. Smith was then asked to obtain a list by district to be submitted to trustees so the Board could make nominations at the January board meeting.

Dr. Harshman then said that Dr. Shields had made a request that the Indiana delegation introduce at the AMA House of Delegates a resolution asking for support of President Nixon. Following discussion, Dr. Rosenblatt moved to instruct the delegation not to submit a resolution of this type, and there was no second.

It was then moved by Dr. Gosman that the Board not consider recommendation of the resolution at this time. Dr. Farquhar then moved that this Board on behalf of ISMA instruct the AMA Delegation and Dr. Shields that since this would be a political, sensitive situation in the AMA House of Delegates, to not submit a resolution at this time. The motion was seconded by Dr. Goodman, put to a vote and carried.

CONTROLLED SUBSTANCES ACT REGULATIONS

The Board instructed Mr. McDermott to let the Pharmaceutical Board know and the Legislature know that the Association is in opposition to the regulations that they are proposing in this Act. It was then announced that the Executive Committee had made a decision to petition the Pharmacy Board to delay their adoption of these regulations pending further comparison with the federal law.

BOARD MEETING DATES

Suggested dates for Board meetings were submitted as being on January 20, April 21, June 9, August 18 and October 6, 1974. Upon motion duly made and seconded, these dates were accepted as satisfactory. And any decision concerning the location of these meetings should be made at another time.

Chairman Santare then called on Dr. Neathamer, who said he hoped the Board was aware of what they had done in regard to the Medical Practice Act, and that a lot of hard work from two Commissions had gone down the drain. He asked the Board to consider this subject further in the Executive Session.

The Board then went into Executive Session.

Letter to the editor

To the editor:

In regard to the editorial "Sometimes Research is Downright Silly" in the Indiana State Medical Association Journal of [January] 1974. I feel that the Indiana State Medical Journal or Mr. Jim Fiebig or both of you owe Harvard researchers an apology.

I'll absolutely admit that it is more important by far to find a cure for heart disease and cancer. But that is no reason to ridicule the Harvard University researchers.

In the first place, I wonder *how* the makers of Vaporub know that in the 68 years of Vaporub use there was never a single instance of "the natural immune defense" to bacterial pneumonia having been suppressed in babies and children. Did they every do any scientific studies on this? Secondly, I was a pediatrician for about 20 years. Scores and scores of times did I see infants and children heavily inuncted with Vaporub and suffering from pneumonia. I wonder if I wasn't serendipitous enough to associate the two? It's true that I *never* connected the Vaporub and the pneumonia but now I wonder. Mind you I am absolutely not saying that the Vaporub caused the pneumonia but in view of the findings at Harvard I feel further study is in order.

It is a fact that whenever I took over a case I always interdicted the use of Vick's Vaporub and I only rarely lost a case of pneumonia.

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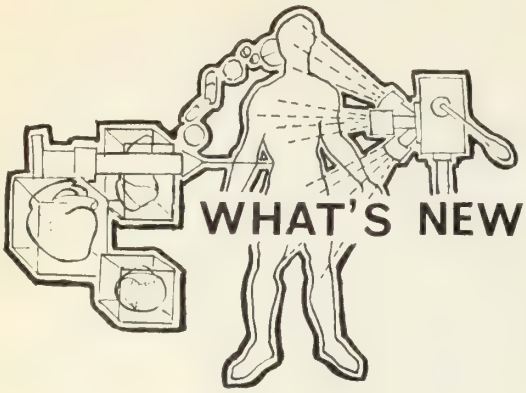
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APRIL 1974

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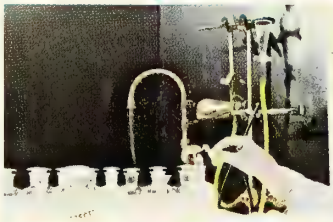
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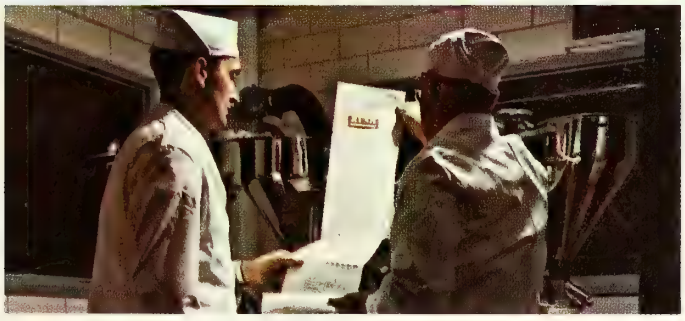












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References: 1. Reuter, S. H., and Montgomery, W. W.: Arch. Otolaryng. *80*:214-217 (Aug.) 1964. **2.** Osol, A., et al., ed.: The United States Dispensatory and Physicians' Pharmacology, ed. 26, Philadelphia, J. B. Lippincott Co., 1967, p. 171. **3.** Schwartz, A. D., and Pearson, H. A.: J. Pediat. *78*:558-560 (March) 1971.

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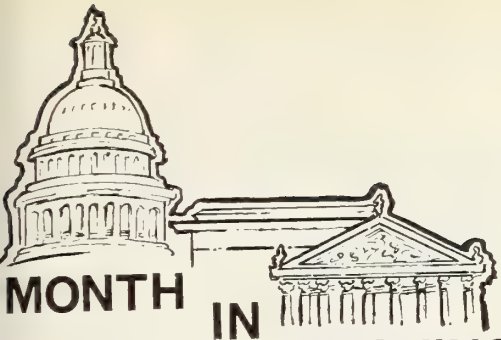
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3.	Claude J. Meyer, Jeffersonville	J. L. Millan, Jeffersonville	Sept. 14-15, Clarksville
4.	Kenneth E. Bobb, Seymour		June 12, Seymour
5.	J. Franklin Swain, Rockville	Antolin M. Montecillo, Clinton	May 22, Turkey Run
6.	James H. Tower, Jr., Shelbyville	Arlington M. Hudson, Connersville	May 9, Connersville
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8.	Paul W. Sparks, Winchester	Howard Koch, Winchester	May 29, 1974, Anderson
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12.	Franklin A. Bryan, Fort Wayne	Karl R. Schlademan, Fort Wayne	Sept. 12, 1974
13.	Jack Hannah, Elkhart	David L. Spalding, Mishawaka	Sept. 11, 1974, Elkhart



MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to The Journal on the first of each month preceding month of issue.

The American Medical Association has announced the filing of a law suit against the Cost of Living Council to seek an end to all economic controls on medicine.

At a news conference in the AMA-Washington office, the organization disclosed that it is seeking an injunction against the Phase IV regulations on physicians and hospitals. It charged that the rules are "confiscatory, arbitrary and capricious," that they violate the "generally fair and equitable" standard established by Congress and that they violate the Fifth Amendment to the U.S. Constitution.

Announcement of the legal action was made by Russell B. Roth, M.D., President of the AMA, and James H. Sammons, M.D., Chairman of the AMA Board of Trustees.

In its complaint stating its legal action the AMA pointed out that the Phase IV regulations represent an "attempt to mold the health care delivery system to comport with the CLC's concepts for health care" and are specifically designed "to curb the quantity and quality of health care services as an integral part of the legislative program to induce Congress to enact national health insurance."

The AMA asked that the court declare these Phase IV regulations invalid and enjoin the Cost of Living Council from enforcing them.

In his statement, Dr. Roth said the AMA was filing in the U.S. District Court, District of Columbia, a suit seeking an injunction against the Cost of Living Council. "We are asking the court to declare invalid the Phase Four regulations as applied to physicians and hospitals on the grounds that they are confiscatory, arbitrary, capricious and discriminatory.

"We further believe that they violate the very law on which they are based in that they do not conform to the 'generally fair and equitable' standard written into the law by the Congress.

"Finally, we believe that they violate the most fundamental law of the land—the Constitution of the United States—in that they confiscate the property of physicians and hospitals without due process of law, a clear infringement of the Fifth Amendment.

"Those are the legal tenets on which we are basing our case. We are convinced that they are valid and sound and that they will prevail in the courts.

"But while we proceed on legal grounds, I think it is important to point out that we believe the issues involved are far broader than mere legalisms and that they cast their shadows far beyond the limited scope of Phase IV.

"They are issues of principle and they have profound implications for the future of health care in this country.

". . . It is patently unfair and unreasonable for the services of some working people—namely us physicians—to be subject to severe price controls while permitting other working people to function in a free market. That is not fair play; it is an act of discrimination.

"It is patently unfair to apply a revenue margin limitation to physicians in private practice so that they are penalized if they work longer hours and see more patients. That is not fair play; it is an act of capriciousness—not to mention that it is also shortsighted as hell.

"It is patently unfair when physicians are subject to controls but chiropractors and naturopaths are not . . . when ophthalmologists are subject to controls but optometrists and opticians are not . . . when psychiatrists are subject to controls but clinical psychologists and psychiatric social workers are not. That is not fair play; rather it is an act so arbitrary as to be vindictive.

"Any one of these would be good and sufficient reason to end the controls, in and of itself. For a law that is applied arbitrarily, capriciously and vindictively is a bad law and ought to be abolished.

"But there are even more compelling reasons why the controls should be abolished—not just from health care but from the entire economy.

"Perhaps the best reason for getting rid of them is that they just don't work. . . ."

Dr. Sammons' statement noted that the AMA did not stand alone in its call for an end to all controls. "No less a person than C. Jackson Grayson—chairman of the Price Commission during Phase II—has adopted the same stance," Dr. Sammons said, adding "he has been echoed by the *Wall Street Journal* and others."

"In the face of this advice and the evidence that con-

Continued

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Continued

rols don't work, why does the Cost of Living Council ersist in continuing the controls?

"CLC officials have made no secret of the fact that hey intend to control far more than costs in the health are field through their regulations. The press release rom the CLC announcing Phase IV established these goals:

" '—reduce the inflationary rate of increase in the ost of hospital stay;

" '—provide economic incentives for the substitution f less expensive ambulatory care in place of inpatient ospital care where possible;

" '—maximize internal flexibility and incentives for ealth care managers to improve productivity;

" '—be responsive to cost-saving innovations, such as Health Maintenance Organizations and prospective reimbursement plans. . . .' "

"Further, to enforce the last of these goals, the Phase V regulations were drawn to confer outright favoritism on physicians under contract with an HMO. They have been exempted from the revenue margin limitation that is applied to physicians in private practice.

"This is not economic stabilization. This is not inflation control.

"This is nothing less than a blatant attempt by the social schemers at CLC to impose their will on the physicians and patients of America.

"What right have they to tell us how to practice medicine?

"What right have they to tell the American people where and how they shall receive their medical care?

"These are *not* economic controls . . . they are political controls. We intend to fight them right down the line

"We recognize how appealing it is to try—through controls—to keep the lid on at least some costs during this period of astronomical inflation. We certainly recognize and are sensitive to the plight of the great majority of wage earners who have been caught in this terrible squeeze. We have tried to do our share to keep costs down.

"Since the beginning of Phase I in August 1971, physicians fees have risen but 7.3%—while the cost of living generally has risen by 13.3%—and legal fees, by contrast, have risen by 26%.

"We have cooperated—the figures prove that. But now the time has come to call a halt.

"For the simple truth is that unless the controls are removed—and soon—the quality of health care—particularly in the hospitals—is going to suffer.

" . . . And that is precisely what is going to happen very soon if the controls continue."

Cost Controls to Be Kept on Hospitals and Physicians

One day after the AMA filed its suit against the Cost of Living Council President Nixon reaffirmed the Administration's intention to keep cost controls on hospitals and physicians until a national health insurance program is approved.

In a second message on health submitted to Congress, the President also emphasized a shift in policy on health education from operating subsidies to direct assistance to students. Nixon said "The nation's total supply of health professionals is becoming sufficient to meet our needs during the next decade. In fact, oversupply in the aggregate could possibly become a problem."

On controlling health costs, the president said "we must avoid the cost inflation which followed the introduction of Medicare and Medicaid. Our health insurance proposal would call for states to oversee the operation of insurance carriers and establish sound procedure for cost control. Until these or other controls are in place, I recommend that our present authorities to control health care costs be continued. I am asking the Congress for such authority." Inflationary pressures are still strong in the medical field, he said, "so that we must maintain federal controls until other measures are adopted under comprehensive health insurance."

Secretary Weinberger Announces End to Pre-Admission Certification Regulations

Shortly after an AMA delegation met separately with President Nixon and Health, Education, and Welfare Department Secretary Caspar Weinberger, the latter announced he would drop the hotly contested proposed regulations that would have required pre-admission certification for the hospitalization of Medicare and Medicaid patients.

The President had assured the AMA delegation earlier in the day that serious consideration would be given to changing the controversial pre-admission certification plan.

Those visiting the President were Russell Roth, M.D., AMA president; James Sammons, M.D., chairman of the AMA Board of Trustees; Malcolm Todd, M.D., AMA president-elect; Ernest B. Howard, M.D., AMA executive vice-president, and Joseph Miller, assistant executive vice-president.

Other topics discussed by the President and the AMA group included the Administration's plan for statewide fee schedules in its national health insurance proposal and area designations for Professional Standards Review Organizations (PSROs).

The AMA delegation told the President of their strong opposition to the pre-admission certification plan as an unwarranted interference with medical and hospital judgments; contended that continuation of fee controls on physicians would be unfair and punitive; declared that fee schedules in a NHI program would be

Continued

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government regimentation; and suggested that the PSRO program needed regrouping and a new start after encountering stiff resistance from physician groups and much controversy and confusion.

The Chief Executive, according to participants, warmly received the delegation and declared he was aware of the problems physicians face in the area of expanded federal supervision. President Nixon indicated serious consideration would be given to changing the requirement of area or statewide fee schedules in his NHI plan. He stressed that he wished to avoid saddling physicians with unnecessary paperwork that would take time away from patient care.

The President also talked of his desire that high level quality care be maintained. Physicians should work for patients and not the federal government, he told the delegation. He outlined his NHI program and his opposition to a bill of the scope of the Labor-Kennedy plan.

Conceding that the Administration's programs might well be amended by Congress, he invited the AMA to recommend changes in the NHI program.

Budget Calls for $26 Billion for Civilian Health Programs Next Year

The federal government will spend more than $26 billion next fiscal year on civilian health programs if the Administration's proposed budget is approved by Congress.

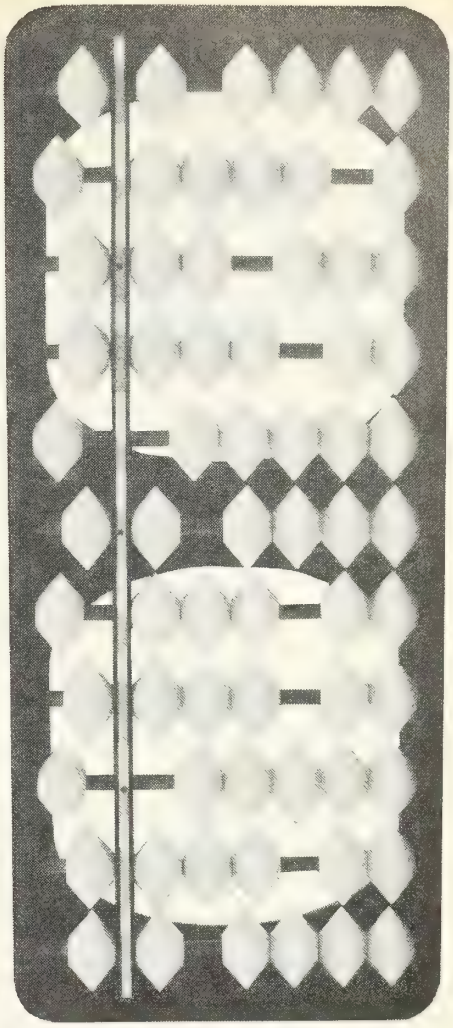
The budget reflects the Administration's desire to hold health spending in the fiscal year that begins July 1 to about the level Congress approved for the current fiscal year, considerably more than requested. The exception is an unavoidable $3 billion hike in Medicare and Medicaid outlays.

The new health budget is almost $8 billion over the spending in fiscal year 1973 that ended last June.

HEW Secretary Caspar Weinberger conceded that the budget reflects "in a number of ways the results of that give-and-take" involved in the battle with Congress last year over HEW appropriations.

No funds are sought for the Administration's new national health insurance program; even if Congress acted this year, Weinberger noted, it would take another year or longer to gear up for the program which carries a $5.8 billion price tag.

The budget emphasized two controversial HEW programs of special interest to the medical profession. To carry out the Health Maintenance Organization (HMO) program, $65 million was recommended for the remainder of this fiscal year, and $65 million for next year. The Professional Standards Review Organization (PSRO) program was put down for $34 million through the remainder of the current fiscal year; $58 million, next year. ◄



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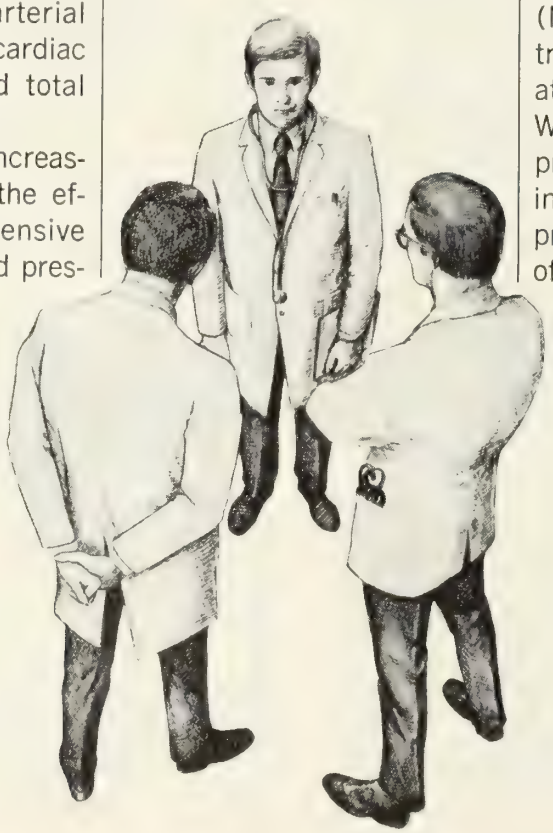
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Most physicians now agree on the importance of reducing blood pressure in the hypertensive patient. But high blood pressure exists, of course, only as part of a complete clinical picture. The hemodynamic profile of well-established essential hypertension is characterized by elevated arterial blood pressure, normal cardiac output, and increased total peripheral resistance.

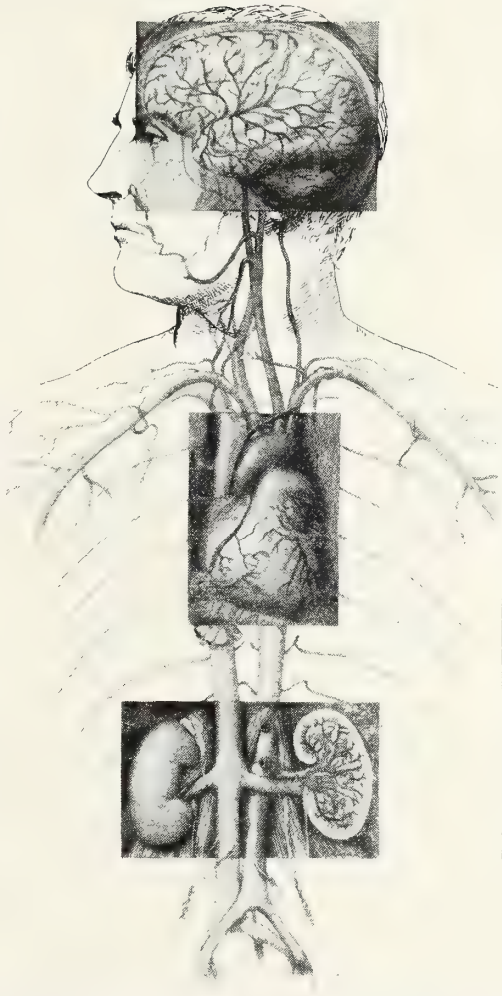
And so, physicians are increasingly concerned with the effects of an antihypertensive agent not only on blood pressure itself but also on the hemodynamic pattern—in short, with the total effect of the drug. *Does* it indeed help lower blood pressure effectively? *Is* peripheral resistance reduced? *Are* cardiac output and renal functions maintained? And, also, is there likely to be drug-induced postural hypotension serious enough to pose a threat to the patient's cerebrovascular status?



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Some patients on continuous methyldopa therapy may develop a positive direct Coombs test. For more details, see the brief summary of prescribing information.

Contraindicated in active hepatic disease and known sensitivity to the drug. Not recommended in pheochromocytoma or pregnancy. It should be used with caution in patients with a history of liver disease or dysfunction. Discontinue the drug if fever, abnormal liver function, jaundice, or acquired hemolytic anemia occurs.

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In most cases of sustained moderate hypertension

TABLETS, 250 mg

ALDOMET® (METHYLDOPA MSD)

smoothly lowers blood pressure

Contraindications: Active hepatic disease, such as acute hepatitis and active cirrhosis; known sensitivity. Not recommended in pheochromocytoma. Unsuitable in mild or labile hypertension responsive to mild sedation or thiazide therapy. Use cautiously in patients with history of previous liver disease or dysfunction.

Warnings: Acquired hemolytic anemia has occurred rarely in association with therapy with methyldopa. Should clinical symptoms indicate the possibility of anemia, hemoglobin and/or hematocrit determinations should be performed. If anemia is present, appropriate laboratory studies should be done to determine if hemolysis is present. Evidence of hemolytic anemia is an indication for discontinuation of the drug. Discontinuation of methyldopa alone or the initiation of adrenocortical steroids usually results in a prompt remission of the anemia. Rarely, however, fatalities have occurred.

Some patients on continued therapy with methyldopa develop a positive direct Coombs test; incidence reported has averaged between 10% and 20%. It rarely occurs in first six months of therapy, and if not seen within twelve months, is unlikely to develop with continued administration. Positive Coombs test is dose-related; lowest incidence occurs in patients on 1 g methyldopa or less per day. Reversal of the positive Coombs test occurs within weeks to months after discontinuation of methyldopa. Prior knowledge of a positive Coombs reaction aids in evaluation of cross match for transfusions. Patients with positive Coombs tests at time of cross match may exhibit incompatible minor cross match. When this occurs, an indirect Coombs test should be performed. If negative, transfusion with blood otherwise compatible in the major cross match may be carried out. If positive, advisability of transfusion with blood compatible in major cross match should be determined by hematologist or expert in transfusion problems.

Fever has occurred within first three weeks of therapy, sometimes with eosinophilia or abnormalities in liver function tests, such as serum alkaline phosphatase, serum transaminases (SGOT, SGPT), bilirubin, cephalin cholesterol flocculation, prothrombin time, and bromsulphalein retention. Jaundice, with or without fever, may occur, with onset usually in the first two to three months of therapy. Rare cases of fatal hepatic necrosis have been reported. Liver biopsy in several patients with liver dysfunction has shown microscopic focal necrosis compatible with drug hypersensitivity. Rarely, reversible reduction in leukocyte count with primary effect on granulocytes has been seen; reversible agranulocytosis has been reported. Methyldopa may interfere with measurement of creatinine by alkaline picrate method and of uric acid by phosphotungstate method. When used with other antihypertensive drugs, potentiation of antihypertensive action may occur.

Usage in Pregnancy and Childbearing Age—Not recommended in pregnancy. In women of childbearing age, weigh potential benefits against possible fetal hazards.

Precautions: Perform periodic hepatic function tests and white cell and differential blood counts during first six to twelve weeks of therapy or in unexplained fever. Discontinue if fever, abnormalities in liver function tests, or jaundice appears. Since methyldopa causes fluorescence in urine samples at the same wavelengths as catecholamines, spuriously high levels of urinary catecholamines may be reported. This will interfere with the diagnosis of pheochromocytoma. Discontinue drug if involuntary choreoathetotic movements occur in patients with severe bilateral cerebrovascular disease. Anesthetics requirements may be reduced; hypotension occurring during anesthesia usually can be controlled with vasopressors. Hypertension may occur after dialysis because methyldopa is removed by this procedure.

Dosage should be limited initially to 500 mg daily when following previous antihypertensive agents other than thiazides. Do not exceed recommended daily dose of 3.0 g. Patients with impaired renal function may respond to smaller doses than patients with normal kidney function. Syncope in older patients has been related to increased sensitivity in those with advanced arteriosclerotic vascular disease; this may be avoided by lower doses. Tolerance occasionally seen either early or late, but more likely between second and third month after initiation of therapy; increased dosage or combined therapy with a thiazide frequently restores effective control.

Adverse Reactions: Sedation, usually transient, may be seen during initial therapy or when dosage is increased. Headache, asthenia, or weakness may be noted as early, transient symptoms. Symptoms associated with effective lowering of blood pressure, including dizziness, lightheadedness, and symptoms of cerebrovascular insufficiency, are seen occasionally. Angina pectoris may be aggravated. Symptoms of orthostatic and exercise hypotension may occur; if symptoms occur, reduce dosage. Bradycardia, nasal stuffiness, mild dryness of mouth, and gastrointestinal symptoms including distension, constipation, flatus, and diarrhea occur occasionally; these can be relieved by reducing dosage. Nausea and vomiting have been reported in only a few patients. Sore tongue or "black tongue," pancreatitis, and inflammation of salivary glands may occur.

Weight gain and edema occur infrequently; if edema progresses or signs of pulmonary congestion appear, discontinue drug. Rarely, urine exposed to air may darken due to breakdown of methyldopa or its metabolites. Other rare reactions include breast enlargement, lactation, impotence, decreased libido, skin rash, mild arthralgia, myalgia, paresthesias, parkinsonism, psychic disturbances including nightmares, reversible mild psychoses or depression, reversible thrombocytopenia, drug-related fever and abnormal liver function studies with jaundice and hepatocellular damage (see **Warnings** and **Precautions**), rise in BUN, and a single case of bilateral Bell's palsy.

Supplied: Tablets, containing 250 mg methyldopa each, in single-unit packages of 100 and bottles of 100 and 1000.

For more detailed information, consult your MSD representative or see full prescribing information. Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, Pa. 19486

ADDENDUM

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Let's make blood pressure "required reading" for all physicians.

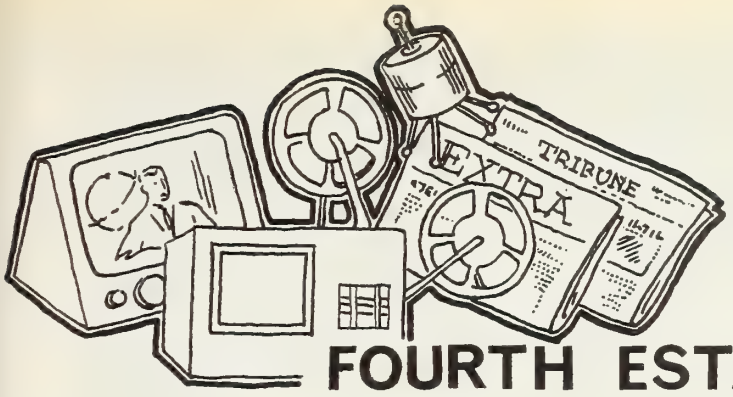
With recent estimates that about 23 million Americans have high blood pressure—and that half of them are not even aware of it—detection of the problem in asymptomatic persons has become an issue of national importance.

Family physicians are being urged to take blood pressure readings as a matter of office routine, regardless of the presenting complaint or the reason for the visit. And because many people do not see a family physician for relatively long periods of time, some experts are suggesting that ophthalmologists, gynecologists, dermatologists, orthopedists, psychiatrists, dentists, school nurses, family planning counselors, and other health-care personnel make blood pressure reading a routine part of every examination or consultation.

Of course, a diagnosis of hypertension cannot be made on the basis of a single reading, but routine blood pressure readings can uncover potential trouble in a certain proportion of patients. And when trouble is suggested, further evaluation can be pursued more effectively.



Blood pressure—"required reading" for all physicians.



FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Filling Medical School Openings

WITH three times as many applications for admission to medical schools as there are openings, the public should be interested in how many admissions committees fulfill their awesome responsibility.

The committees are beginning to realize that the old emphasis on knowledge and good grades is not enough. Just as important are a student's concern for human needs and his ability to cope with stress.

Producing a physician, whether an M.D. or a D.O., is an expensive procedure, and there are far too few general practitioners being produced by our medical schools. Although the students know this, too many of them still are going into specialties that already are well supplied.

Florida State University is trying a new approach to medical college admissions, an approach which should be followed in Indiana.

It is emphasizing the selection of physicians rather than medical students. It is looking for people with a desire to go into under-serviced areas as general practitioners. It is paying more attention to student attitudes and socio-economic factors.

Admittedly, this system takes much more time and work than depending upon grades alone, but the results will be well worth the extra effort.—*Logansport Pharos-Tribune & Press,* **Jan. 20, 1974.**

Here, of All Places!

EITHER by persuasion or regulatory coercion, lay consumer protection advocates along with congressmen and various representatives of government administrative agencies have sought to limit the medicinals available to large groups of citizens to what is known in the medical world as generic compounds. The theory of narrowing consumer choice in this vital area is that patients can be saved a few pennies on drug prescriptions. Nameless drugs, it is said, are just as good and cheaper than the products produced by manufacturers with names and reputations to protect.

Why in the field of prescription drugs, of all places, should those so anxious to protect consumers seek to downgrade one of the greatest protections of quality in the marketplace—the manufacturer's name and Brand? Surely no one would expect a purchaser to buy a car or a household appliance unprotected by the warranty and reputation of a well-known manufacturer. Has human life become so cheap that no similar rule of caution is considered necessary in the case of life saving medicinal compounds?

Medical authorities have stressed the importance of preserving the discretionary powers of physicians in prescribing drugs for patients. Dr. Russell Roth, president of the American Medical Association, has said doctors "should be free to use either generic or brand names in prescribing drugs." He added that, "In general, a physician prescribes multicomponent drugs by brand name because it is convenient both for him and for the patient. . . ."

Dr. Roth further stressed that physicians should, "be encouraged to supplement professional judgment with cost considerations . . ." in choosing the proper drug for a patient. The presumption that the choice can be made better and more wisely by a Washington regulator thousands of miles from the patient is an insult to common sense. — *Lebanon Reporter.* **Feb. 15, 1974.**

READ where an anthropologist says that some men of a primitive tribe beat on the ground with clubs and utter blood-curdling screams. He says this is one of their forms of self-expression. In America it is called golf.


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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 67—April 1974—Number 4

An acute psychiatric problem may quickly outrank all other emergency cases in the Emergency Room. The proper tranquilizing agent should restore tranquility.

Psychiatric Problems in the Hospital Emergency Room

ROBERT E. SNODGRASS, M.D.
Indianapolis

Introduction

PARTICULARLY with psychiatric problems, it is often difficult to diagnose with accuracy and certainty a case which suddenly presents itself in the hospital emergency room. If an unconscious person is brought in, it is of great value to have a relative present to report whether the patient had complained of chest pain or headache before he became unconscious. This, then, would direct our attention to think about whether the patient had suffered a coronary occlusion or a cerebrovascular accident. The same is true in psychiatry. It is important to have an informant present to shed some light on the case by giving a history about the patient's recent speech and behavior. At times, even with an informant available, a psychiatrist may still have difficulty deciding the exact nature of the diagnostic problem.

Dr. Dana L. Farnsworth[1] has aptly observed,

> Psychiatric emergencies do not simply happen; almost invariably there is a history of contributing factors or events. When an emergency occurs, it is usually precipitated by a person's reaching the limit of his self-control and acting impulsively.

Actually, the only true emergencies we see in psychiatry are those conditions which involve active suicidal and homicidal ideation or intent, and those involving destructive and often assaultive behavior. We encounter these three conditions in a variety of psychiatric syndromes which we shall discuss briefly.

There are certainly a number of other psychiatric problems which will be mentioned which beset the emergency room physician or physician providing primary care for the patient, but, to be more precise, these should be classified as urgent problems rather than true emergencies. In medicine, to a considerable extent, we have changed our concepts as to what type of care should be given to certain cases in the emergency room. We used to feel that a Colles' fracture should be reduced and immobilized immediately, but now with many fractures we often simply splint them and wait a day or so before reducing and immobilizing them. Frequently now we are also able to temporize with psychiatric problems, thanks to the availability of the tranquilizers.

Mental Status Examination

An assessment of the mental status of every patient with psychiatric symptoms who presents himself in the hospital emergency room must be accomplished. There is nothing mysterious or difficult about performing a mental status examination on a patient. A proper mental status examination should make note of the patient's general appearance, behavior and attitude during the interview. The patient's affect or mood must be evaluated, and the

Presented in part to the American College of Emergency Physicians, Indiana Chapter, Indianapolis, May 11, 1973.

Dr. Snodgrass is clinical assistant professor of psychiatry, Indiana University School of Medicine, 1100 W. Michigan St., Indianapolis 46202.

patient should be examined for the presence of suicidal and/or homicidal thinking. Also, note should be made of the patient's stream of thought and speech activity. We should look for evidence of impaired thought associations and pressure of speech. An evaluation of the patient's content of thought is also important. A search must be made for the presence of delusions and hallucinations. A mental status examination, too, makes note of the patient's orientation, any problems which he might have with his memory and judgment, and an assessment of his intelligence.

Physical Examination

It is important to do a physical examination on every patient who presents with psychiatric symptomatology. I have found young medical students and physicians working in emergency rooms who, on discovering that a patient has been having psychiatric problems and psychiatric treatment, have not wanted to examine the patient and take a history. Rather, they have said, "Let's call the psychiatrist right now! There is no need to waste our time." Later, then, after the psychiatrist has been called, we find that the patient's agitation was due to a myocardial infarction or a perforating duodenal ulcer. Please do not forget the physical examination in the patient with psychiatric problems!

Classification of Emotional Disorders

In general, when dealing with psychiatric problems, it is helpful while talking to the patient in the emergency room to try to decide whether the patient is suffering from a disorder of thinking, such as schizophrenia; a disorder of mood, such as depression or mania; a disorder of behavior, such as a passive-aggressive or explosive personality; or a disorder of impairment of brain tissue function, as seen in the organic brain syndromes. Neurotic disorders, such as hysteria and anxiety, are probably best considered as separate entities. Mental retardation should also be considered in a separate category.

Let us review some of the psychiatric syndromes which fall into the emergency and/or urgent classifications and which often confront the emergency room physician.

Mental Retardation

The mentally retarded person, particularly when he reaches adolescence, may become acutely psychotic and very threatening with his assaultive behavior. This patient is best sedated with intramuscular Thorazine in a dosage of 50-100 mg. This may be repeated as needed every three to four hours until the disturbed behavior is brought under control. Of course, restraints may also be necessary, at least for a while. The patient should also at once be started on oral medication and a complete evaluation begun after the patient has calmed down. These patients may at times become suicidal. The management of suicide will be discussed later in this paper.

Organic Brain Syndromes

I suppose that hardly a day goes by that the emergency room specialist does not see a patient with psychiatric symptoms who is suffering from an organic brain syndrome. These symptoms arise because brain tissue function can be impaired by a variety of causes. Intracranial infection, drug intoxication, systemic infections such as acute pneumonia, epilepsy in the postictal state, trauma and cerebral arteriosclerosis are among some of the causes of such a syndrome. Abuse of alcohol may lead to delirium tremens, alcoholic hallucinosis, Korsakoff's psychosis, acute alcoholic intoxication, pathological intoxication, and even a paranoid state.

The cardinal findings in an organic brain syndrome are: impairment in orientation; impairment in memory; impairment in judgment; shallowness or lability of affect (emotional feeling tones); and impairment in intellectual functioning —such as difficulty in performing calculation, comprehension, and knowledge.

We speak of non-psychotic and psychotic organic brain syndromes, but I don't think we need to get too hung up on making the differentiation. The big point in the psychotic is the fact that he has lost his hold on reality. The non-psychotic is able to maintain his hold on reality.

Patients with organic brain syndromes may become dangerous to themselves and, at times, to others. If the patient becomes extremely agitated, Librium 50-100 mg intramuscularly every two or three hours is indicated. Restraints may also be needed.

The underlying problem which has caused impairment of the functioning of the brain tissue must, of course, be treated. For example, the patient with pneumonia should be started at once on antibiotics.

Patients who are confused and agitated following a seizure may be adequately treated with intravenous sodium amytal.

The patient who is agitated and psychotic following LSD ingestion is best treated with 50-100 mg of Thorazine intramuscularly and then admitted to the hospital.

Functional Psychoses

The functional psychoses are those mental conditions in which we have been unable, thus far, to identify specific causes. I am happy to report, though, that more and more evidence is accumulating from our research laboratories to support a biological basis and often a genetic

predisposition toward these disorders.[2,3,4]

Schizophrenia

Schizophrenia is a psychotic disorder which involves primarily pathology in thinking. These patients classically show the four A's of Bleuler—a disorder of thought associations, ambivalence, a change in affect, and autism or unrealistic thinking. (At times, especially if a patient has been taking phenothiazines recently, we do not demonstrate all of the four A's of Bleuler on the mental status examination.) These persons also often have accessory symptoms such as delusions and hallucinations. But, remember that other mental conditions, such as organic brain syndromes, may show delusions and hallucinations.

Anxiety and depression are often present in schizophrenia. The schizophrenic then may present himself to you preoccupied with thoughts of wanting to do away with himself. Immediate tranquilization and hospitalization are indicated. The acutely ill schizophrenic who is completely disorganized and actively hallucinating should be hospitalized as soon as possible. If a bed is not available in the hospital, then the patient should be started on Thorazine or Mellaril 25 mg every four hours.

The mute, withdrawn catatonic schizophrenic who refuses to eat or drink should be considered an urgent case. Sometimes they become so dehydrated that they fall into the emergency classification. Back in the days before phenothiazines, I have seen these patients become critically ill and run high fevers. Death was known to occur. Now, electroshock therapy combined with phenothiazines is usually the treatment of choice.

Occasionally, the withdrawn catatonic schizophrenic will become highly agitated, making him one of the most dangerous patients seen in clinical psychiatry. The agitated catatonic patient should be given parenteral Thorazine and promptly hospitalized.

It is uncommon for physicians to be harmed in attending to patients with psychiatric problems, but if you are ever frightened that a patient might harm you, then stand to his side while talking to him. Don't stand directly in front of him. Ofttimes a display of force—that is to say, having a number of persons in attendance with you—will prevent a patient from losing total control.

Once I said some highly uncomplimentary things to a patient intoxicated from alcohol who had fallen and cut his forehead. While I was suturing the laceration I told him I had more important things to do than to sew up his head. I told him that our emergency room was full of more important cases which deserved my attention —such as coronary and automobile accident cases. He promptly reached up and socked me in the mouth. I deserved it. On two other occasions teen-agers have become angry with me and slapped me so hard in the face that I saw stars.

Affective Disorders

Affective disorders are those conditons which may be classified either as psychotic or neurotic in which the basic pathology centers about a change in the person's mood. We may see either depression or elation in excessive amounts. We should be familiar with the depressive neurosis in which the person still has a hold on reality but complains of feeling depressed, blue and unhappy and reports he has crying spells and no zest for living. This patient may show changes in his basic biological functions, and you should ask him about them. Sleep, appetite, bowels and sexual functioning may often be impaired.

The psychotic depressive reaction is similar to the above condition except that frequently there is an identifiable stress (often a loss), and the person loses his grip on reality.

The manic-depressive suffers from periodic episodes of depression and elation, or may have recurrent episodes of depression or elation alone.

Involutional melancholia is recognized by its onset in the involutional period. It is characterized by excessive anxiety and depression, agitation, insomnia, guilt feelings and somatic preoccupations which may reach delusional proportions. At times, the agitation seen in this condition makes parenteral tranquilization therapy in the emergency room necessary.

All of these disorders of mood may cause the patient to become suicidal and, occasionally, homicidal. We have read of patients who have shot their wife and children and then turned the gun on themselves. These persons frequently are depressed. Others, of course, are schizophrenics or are characterologically disturbed.

The patient in the manic or hypomanic phase of manic-depressive illness frequently is so hyperactive that his behavior is disturbing to others, making immediate tranquilization and hospitalization necessary. The drug of choice for use in the emergency room for this condition would most likely be intramuscular Thorazine. After hospitalization is accomplished, the patient should then be evaluated to see if he is a candidate for lithium therapy.

Neurotic Disorders

The emergency room physician is all too familiar with many of the neurotic disorders. Anxiety is commonly seen in the neuroses. The hyperventilation syndrome is frequently seen in the person with an anxiety neurosis. These persons should be examined and given lib-

eral amounts of reassurance. The administration of 50 mg of Librium intramuscularly is quite helpful. The patient should then be started on Librium 10 mg q.i.d. and guided to a physician who can begin a proper and thorough psychological investigation of the patient.

One of the most dramatic psychiatric disorders to appear in the emergency room is the patient with an hysterical neurosis. These persons handle their intense anxiety by utilizing the defense mechanism of conversion. Their symptoms characteristically begin and end dramatically and are symbolic of underlying conflicts. In the conversion type of hysterical neurosis the patient's special senses may be affected. The patient may complain of loss of vision, deafness or inability to speak. We may see the voluntary nervous system affected so that the patient may complain of paralysis of his extremities. Or he may complain of various pains, frequently abdominal. Classically, these persons show an affect of *la belle indifference* or beautiful indifference, but I have seen them quite anxious and concerned. Sometimes these persons become so anxiety-laden that they develop a dissociative state and do not know who they are or where they live.

It is frequently difficult for an experienced psychiatrist to differentiate an hysterical neurosis from an acute psychosis. When a bed is available, these persons should be hospitalized for further psychiatric evaluation and treatment. A period of observation is often needed to differentiate an hysterical neurosis from a psychosis.

Hysterical patients are usually not dangerous, but they should be watched carefully. When left unattended, they have been known to fall off hospital carts onto the floor and injure themselves. Hysterical female patients, too, have been known to instigate unfounded law suits against physicians, claiming improper conduct in the form of sexual assault upon them by the physician. Never examine an hysterical female patient without another person in attendance unless a dire emergency exists.

Personality Disorders

The patient with a personality or behavior disorder—and we use the terms synonymously—is defined as one who has deeply ingrained maladaptive patterns of behavior. The passive-aggressive or explosive personality is frequently brought to the emergency room by the ambulance or police. Frequently, the newly married passive-aggressive male has found that his marriage and job have not been going too satisfactorily and that the responsibilities of being a mature adult are too much. Often after an argument or faced with the prospects of a divorce and often after having indulged in too much alcohol, these persons become wildly agitated and destroy their furniture at home or smash their fists into a wall, fracturing their metacarpals. They may threaten suicide or may threaten harm to others. At times, their behavior and speech are such that they appear, especially to non-medical people, as being blatantly crazy. They get hauled into the emergency room for evaluation. These persons, too, should be sedated with tranquilizers and hospitalized, if at all possible. They usually want to sign out the next day, if they have been put on a locked ward. They may want to stay, however, if they see they are getting sympathy from the persons who, they feel, rejected them before.

Homosexuality

The patient with homosexuality and masochism as a problem occasionally comes into the emergency room, usually late at night, with a complaint of a foreign body such as a bottle lodged in his rectum. This is a real surgical emergency, and immediate care is indicated, of course.

Transient Situational Disorders

There are a multitude of acute situations which cause us, as humans, to show agitated behavior or impairment in our thinking and judgment or serious alteration in our mood. In these conditions anxiety and depression become acute but usually abate as the situation improves or disappears or is gradually accepted by the individual. Examples would include the stress suddenly experienced by finding out one's loved one had been killed, the stress of being involved in an automobile accident, or the stress associated with having one's home destroyed by fire or a tornado. These persons should be sedated with intramuscular Librium if they are highly agitated and given proper rest and understanding.

Patients will occasionally present themselves in the emergency room with an acute neuromuscular reaction which has resulted because they are taking high doses of phenothiazines. They may be on a phenothiazine for treatment of an emotional disorder or on a phenothiazine such as Compazine for treatment of nausea and vomiting. These persons may show a parkinsonian-like syndrome, various dystonias, or akathisia, which is an extreme motor restlessness in which they can hardly sit still. These patients will be most grateful if you administer 50 mg of Benadryl intravenously slowly after having been diluted with 5 or 10 ccs of sterile water or normal saline. They may also be treated with intramuscular Cogentin or Artane. Usually after I have given them an injection of Benadryl, which is nearly always readily available, I give them a pre-

scription for Cogentin 0.5 mg, or Artane 2 mg to be taken 1 stat and 1 q.i.d.

Suicide and Homicide

A word about the suicidal patient. In a proper mental status examination the patient should be asked whether he has felt so bad that he has thought about committing suicide.[5] If the answer is yes, then we should ask if he has had suicide continuously on his mind. Almost everyone has normally thought about suicide fleetingly at some time or another in the past. If the answer to these questions is yes, then we must ascertain if the patient has thought about how he would do it. If we get a positive answer to this question, then we should ask the patient if he has ever tried it before. If we get positive answers to all the above questions, then we must be on our toes. It is of significance, too, if the patient is psychotic or talks about having tremendous guilt feelings about various things which he has done. Also, if he self-depreciates and distorts his present and past worth, then we must watch out. A patient who gives a past history of impulsive acting-out behavior or of having abused alcohol or drugs is more likely to commit suicide. A person who has suffered a loss, such as a hysterectomy or the loss of savings or the loss of a relative or close friend, is more likely to commit suicide. Also a family history of suicide is important.

If you think your patient is an active suicidal risk, then he should be hospitalized. The same applies to the patient bent on homicide. Don't be embarrassed to hospitalize someone only to find out the next day that the patient was just acting out. Frequently there isn't a psychiatric bed available in the hospitals that are fortunate enough to have psychiatric units. If this is the case, then the patient should be given medication to assure a good night's sleep, and he should be started on a tranquilizer such as Mellaril 25 mg q.i.d. Many persons, including the writer, feel that Mellaril does have some antidepressant properties. A member of the patient's family should be instructed to stay with the patient at all times, and, of course, dangerous objects such as firearms should be removed from the patient's vicinity.

If you practice in a county hospital, you may have a room or two designed to function as a security room for patients with psychiatric illness and which, when not in such use, can be used for a patient with a medical illness. If such a room is not available, a suicidal patient may be hospitalized in a room on the first floor of a hospital, preferably near the nurses' station. It is also wise to have a private duty nurse or a member of the family stay with him at all times. Then further evaluation may be carried out, and further definitive treatment decided upon.

The patient with an organic brain syndrome such as delirium tremens should be kept in a room with a light on, and someone who is familiar to him should stay with him until his delirium disappears.

Parenteral Tranquilizers

In conclusion, I should like to point out that the two drugs which I use the most in my emergency room cases are Thorazine and Librium. Thorazine is highly effective in calming the agitated, assaultive and/or acutely psychotic patient. Librium is highly effective in treating acute anxiety. Thorazine may cause hypotension, so watch out. When in doubt, always use Librium. It is much safer, and it would be difficult to harm a patient with Librium. Vistaril has been used frequently in the emergency room, but I feel that Vistaril does not provide the anti-anxiety and also chemical restraining effects which Librium so well provides. Valium has been used also, but I personally have not had much experience with it.

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Infant Feeding

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An infant's dietary requirements can be considered under eight general categories: total calories, total water, fat, carbohydrate, protein, electrolytes, minerals and vitamins. It is the purpose of this report to briefly consider the above factors in two ways: first as constituents of normally prescribed infant formulas; and second as specific alterations in formulas as part of a therapeutic approach to extraordinary diet requirements in problem infants.

Total Calories

A normal full term infant has a basal caloric requirement of 55 cal/kg/day. Adding to this a growth requirement of approximately 35 cal/kg/day and 10 to 25 cal/kg/day for normal ranges of activity, a total caloric need of 100-130 cal/kg/day is reached. Studies have repeatedly established this need, with an average of 110 cal/kg/day accepted as normal. How these calories are supplied is a major consideration in infant formula systems; this problem will be covered under the categories of fat, carbohydrate and protein.

Total Water

A normal infant requires 75-90 ml/kg/day to handle solute loads.[1] Because almost all commercially prepared formulas (in addition to breast and cow's milk) contains 67 cal/100 ml (20 cal/oz), an infant receiving these formulas will have a more than adequate water intake (150-190 ml/kg/day). Even the infant placed on a diet with a high caloric density (premature—up to 1.1 cal/ml) will have sufficient water to handle solute loads. Consequently, water intake is normally not a factor in modifying infant formulas; only in dehydrated states or renal disease do water/solute problems arise.

Fat

The caloric density of fat (9 cal/gram) makes it a vital part of all formulas if adequate calorie needs are to be met. On a weight to volume ratio, human milk contains 3.8% fat and cow's milk 3.7%. On a percentage basis, this represents about 50% of the normal 67 cal/100 ml. Almost all commercial formulas adhere to this distribution, the primary change occurring in fat source. Vegetable and coconut fats are commonly used in formulas, the rationale being that the high unsaturated content of plant sources is easier to digest. Linoleic acid, considered essential in infancy, is also present in vegetable fats. It is a general rule that 1% of the fat content should be linoleic acid.[2]

A recent and important addition to *special* infant formulas has been the inclusion of medium chain-triglycerides. In infants with fat absorption problems (i.e., enzyme deficiency, lymphatic insufficiency) M.C.T. can be a life-saving form of dietary therapy. One of the M.C.T. prototypes is Pregestimil,[2] containing as its fat 2.8% M.C.T., which provides approximately 35% of the total calories. Pregestimil also contains glucose and casein hydrolysate, making it an excellent source of easily available calories in the malabsorbing infant. Portagen[3] is another M.C.T. formula available for use today.

Carbohydrate

The alteration of specific carbohydrates in infant formulas has evolved from the recognition of specific enzyme and transport mechanisms involved in carbohydrate absorption. Carbohydrate, with cal-

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oric density of 4 cal/gram, is also an important source of calories. Lactose (milk-sugar) is present in human milk on a 7% w/v basis. Cow's milk has a 3.5% w/v basis. Enfamil[3] and Similac,[4] two routinely used modified cow's milk formulas, have a lactose content of 7% w/v, or 28 cal/100 ml.

The number of carbohydrate modified formulas is great. Chofree[5] is just what it says—carbohydrate free. When mixed with a solution containing a desired carbohydrate (approximately 13%), it will provide a 67 cal/100 ml formula. When a lactase deficiency is suspected, a sucrose containing formula such as Sobee,[3] Nutramigen,[3] Isomil[4] or Prosobee[3] is employed.

Protein

Protein, a source of both calories and amino acids, has a caloric density of 4 cal/gram. Breast milk contains approximately 1.2 grams per 100 ml and cow's milk 3.3 grams per 100 ml of protein. The modified milk formulas are intermediate between these two values. It is generally agreed that an infant requires 2 to 3 gm/kg/day for normal physical and mental development. Protein deprivation in early infancy has been indicated as a cause of failure to thrive and mental retardation.[6]

Curd size is no longer a problem in whole milk purchased at the corner grocery or in specially modified formulas. This is primarily due to the pasteurization and homogenization to which all milk is presently subjected. Protein modification is indicated when an allergic reaction is a primary consideration. Sobee, Prosobee, Probana,[3] Isomil, Nutramigen, and Lambase[7] are commonly used in such formula changes. In *true* milk allergy (which is not a lactose intolerance) a change to Lambase or Nutramigen is often necessary, since the soy protein formulas are frequently cross allergenic with cow's milk protein.[8]

The protein hydrolysate formulas —Nutramigen, Pregestimil—are prepared from casein hydrolysates and consist of short peptides considered to be void of allergenic properties. They may be used in allergic and absorption difficulties.

TABLE I

FORMULA	CAL/100 ml.	PROTEIN	CARBOHYDRATE	FAT	MIN	Na	K	Ca	PHOS	Fe
		(grams per volume %)				(mEq/1)				(mgm/1)
Whole Milk	67	3.3	4.8 (lactose)	3.7	.72	25	35	62	53	1.0
Breast Milk	67	1.2	7.0 (lactose)	3.8	.21	7	14	17	9	1.5
Similac	67	1.8	6.6 (lactose)	3.4	.4	12	26	34	30	12.0
Similac 60/40	67	1.5	7.2 (lactose)	3.4	.2	7	14	17	10	-
SMA	67	1.5	7.2 (lactose)	3.6	.25	7	14	21	21	8.0
Enfamil	67	1.5	7.0 (lactose)	3.7	.3	11	19	32	32	8.5
Prosobee	67	2.5	6.8 (glu., suc)	3.4	.5	24	28	47	42	8.5
Sobee	67	3.2	7.7 (malt., suc., dextrins)	2.6	.5	22	33	50	32	8.5
Probana	67	3.9	7.3 (lactose)	2.0	.6	26	31	100	58	3.0
Premature	67-100	2.8	9.0 (sucrose)	3.7						
Chofree	67	1.8	13% solution added	3.5	.5	17	25	47	47	8.4
Pregestimil	67	2.2 (hydrolysate)	2.8 (glucose)	8.8 (MCT)	.6	26	30	35	30	1.0
Nutramigen	67	2.2 (hydrolysate)	8.5 (sucrose)	2.6	.6	17	26	50	52	10
Portagen	67	2.7	7.7	3.2 (MCT)	.7	17	33	48	46	11.3
Lambase	67	2.4	7.9	2.4	.3	24	28	46	45	7.8

Electrolytes

Sodium and potassium concentration in formulas has recently become a controversial topic in infant feeding. Human milk has a sodium concentration of 7 mEq/1 and cow's milk 25 mEq/1. Potassium concentrations are 14 mEq/1 (human) and 35 mEq/1 (cow's). Similac contains 12 mEq/1 of Na and 26 mEq/1 of K, while Similac PM 60/40 and SMA contain 7 mEq/1 of Na and 14 mEq/1 of K.

From the above figures it becomes obvious that the full term breast-fed infant will consume approximately 2 mEq Na/kg/day and 3-4 mEq K/kg/day; an infant fed Similac or cow's milk will consume considerably greater amounts. It is generally accepted that a normal infant has no difficulty handling the higher solute load.[9]

Minerals and Vitamins

Vitamins and minerals are included in virtually all infant formulas. Standard texts (i.e., Nelson[2]) offer a comprehensive review of requirements. Iron supplement formulas are available and vitamin supplementation must be considered in all malabsorptive states. Vitamin supplements (especially Vitamin C) are recommended for breast-fed infants.

Calcium and phosphorus content and ratios have been stressed in infant formulas. Breast milk contains 17 mEqCa/1 and 9 mEq P/1, while cow's milk contains 62 mEq Ca/1 and 53 mEqP/1. Similac has 34 mEqCa/1 and 30 mEqP/1. Current evidence indicates that a 2:1 ratio of calcium to phosphorus is ideal for optimal absorption. As a result, even though breast milk has a much lower quantity of both minerals, absorption is somewhat greater.

Observations

A normal infant presents no problem in feeding with today's formulas. Following the established routine of NPO for 6-12 hours, D5W 2-3 oz. offered twice followed by regular formula if no obstructive symptoms develop, most infants will do well. For the premature or low birth weight infant, an accelerated program is instituted to re-establish a rapid growth comparable to intrauterine conditions. In an infant with one of the many causes of malabsorption, a careful selection of a formula may well alleviate the problem.

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A Case of Meningitis with Hemophilus Aphrophilus —A Case Report

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HEMOPHILUS aphrophilus has been isolated from the spinal fluid of an eight-month old child who had purulent meningitis. This case was successfully treated with parenteral ampicillin. The isolation of Hemophilus aphrophilus from spinal fluid differs from common cases of its findings in the blood of patients with endocarditis. The treatment of Hemophilus aphrophilus meningitis with parenteral ampicillin is the first successful case known to the authors.

Case Report

An eight-month old Caucasian boy was admitted to the Bartholomew County Hospital in January 1973 for high fever, lethargy and seizures. The patient was apparently well and gained weight until six weeks prior to admission, when he developed recurrent upper respiratory infections. He was seen by his family physician five days before this admission and was given clindamycin (Cleocin syrup) and expectorant (Robitussin - DM). There was some improvement in his cough and runny nose. The day of admission his mother noted that he was quite lethargic, irritable and warm. His rectal temperature was 105 F. Shortly after this, the child started jerking all over. He was brought to the hospital and admitted with a diagnosis of meningitis.

The patient was born after a full term, uncomplicated pregnancy and delivery. Birth weight was 6 lb. 7-1/2 oz. His growth and development had been normal. Family history was not remarkable.

Physical examination on admission revealed a pale, irritable, lethargic infant. The rectal temperature was 104 F, heart rate 126, respiratory rate 32. The nose, throat and ears were within normal limits. The anterior fontanel was closed and optic fundi were essentially normal. The neck was supple. The heart sounds were normal and no murmurs were heard. Spleen and liver were not palpable. Results of the neurological examinations were not remarkable. The careful examination of skin and nails revealed no petechiae or splinter hemorrhage.

The initial laboratory data were as follows: hemoglobin 10.5 gm%; hematocrit 29.9%; white blood cell count 12,100/cu mm with 27% stabs, 44% segments, 27% lymphocyte, 2% monocyte. Platelets were adequate. Urinalysis gave negative results. An initial lumbar puncture showed 200 white blood cells with 90% neutrophils, a total protein of 91 mg%, glucose 90 mg%. Gram-negative cocci in pairs showed on the direct smear of spinal fluid. This organism was later identified as Hemophilus aphrophilus.

Ampicillin, 400 mg diluted in 50 ml of water, was given intravenously by rapid infusion every four hours, the 24-hour dose being 2.4 gm. The patient developed two episodes of generalized seizures soon after admission, for which sodium amytal was instituted. There was rapid improvement and by the second hospital day he became alert and afebrile. Parenteral ampicillin was continued for the next 10 days. The spinal puncture, repeated after one week's ampicillin therapy, showed 8 white blood cells with 100% lymphocytes. The sugar was 54 mg% and protein 112 mg%. No organisms were seen on the Gram stain and culture was sterile. Patient was discharged on a regimen of phenobarbital elixir.

Bacterial Studies

Microscopic examination of the cerebrospinal fluid was performed after concentration of the specimen by centrifuging. Numerous smears were prepared and stained by the Gram method.

Cultural Studies: Primary cultures were performed on GC medium enriched with hemoglobin and X&V factors. Tryptic soy agar with 5% rabbit blood was used for general cultivation and hemolytic reaction. Columbia broth enriched with 1% X&V factors was used as the broth medium.

Incubation was carried out in a CO_2 Incubator containing 5 to

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TABLE I

Fermentation Reactions	
Glucose	Acid
Xylose	—
Lactose	Acid
Sucrose	Acid
Maltose	Acid
Mannitol	—
Catalase	—
Oxidase	—
Nutrient agar	No growth
MacConkey	No growth
SS agar	No growth
Simmons Citrate	No growth
Cetrimide	No growth
Urea	—
Nitrate	Reduced
Indol	—
H_2S	—
Gelatin	—

10% CO_2 at a temperature of 35 to 37 C. All primary cultivation media were incubated for 24 hours.

The morphologic description of the organisms was made by means of preparing a Gram-stained smear from the 24-hour cultures. Colonies were studied on GC medium and rabbit blood agar.

Results

Microscopic examination: Direct examination of spinal fluid sediment revealed very small Gram-negative coccoid to coccobacillary organisms.

Cultural Studies: Colonies on GC medium after 24 hours were smooth, entire, translucent to opaque and gray-white in color. Blood agar colonies were much smaller in size, and no hemolytic activity was noted.

Gram-stained films prepared from plate colonies demonstrated very small Gram-negative coccobacillary organisms. Rod-shaped organisms were more predominant in Gram-stained preparation from the 24-hour primary cultures. The organisms grew well at 35 C and were nonmotile, determined by hanging-drop preparation.

Test organisms demonstrated a requirement for the X factor when grown in a 5-10% CO_2 environment. V factor was not required. Other biochemical studies were determined (see Table I).

Special care was given to differentiating these organisms from Actinobacillus actinomycetemcomitans. Differentiation factors are shown in Table II.

All cultural and biochemical studies conform to previously published information.[2,7,9]. The organism isolated from cerebrospinal fluid was determined to be Hemophilus aphrophilus.

TABLE II

SUBSTRATE	HEMOPHILUS APHROPHILUS	ACTINOBACILLUS ACTINOMYCETEMCOMITANS
Lactose	Acid	−
Sucrose	Acid	−
Catalase	−	+
X-Factor	+	−

Sensitivity test revealed this organism to be sensitive to ampicillin, gentamicin, carbenicillin, cephalothin, colistin, chloramphenicol, nalidixic acid, nitrofurantoin, sulfathiazole and tetracycline.

Discussion

In 1940 Hemophilus aphrophilus was described by Khairat[6] from a fatal case of subacute endocarditis and during the past 30 years positive cultures have been obtained from blood, brain abscess, sinus, cervix, bronchus, pleural fluid, skin.[1,3,4,5,6,7,8,9,10,11,12]

In most cases these organisms were isolated from the blood of patients with subacute bacterial endocarditis. The underlying cardiac disease was rheumatic and occasionally it was congenital. To date, only three occurrences of Hemophilus aphrophilus isolated from the spinal fluid have been reported in the literature.[2,9] (see Table III) and all three patients died. None were successfully treated with parenteral ampicillin. To our knowledge, this is the first survival of a

TABLE III

CULTURE	AGE	SEX	DIAGNOSIS	ASSOCIATED CONDITION	THERAPY	OUTCOME
Spinal fluid	23	F	Brain Abscess	Congenital heart Disease	?	Death
Spinal fluid	3	M	Meningitis	Congenital heart Disease	Penicillin + Streptomycin + Chloramphenicol + Sulfonamide	Death
Spinal fluid	20	M	Brain Abscess	Rheumatic heart Disease	Penicillin + Chloromycetin	Death

patient with Hemophilus aphrophilus meningitis treated with 10 days of ampicillin therapy.

Summary

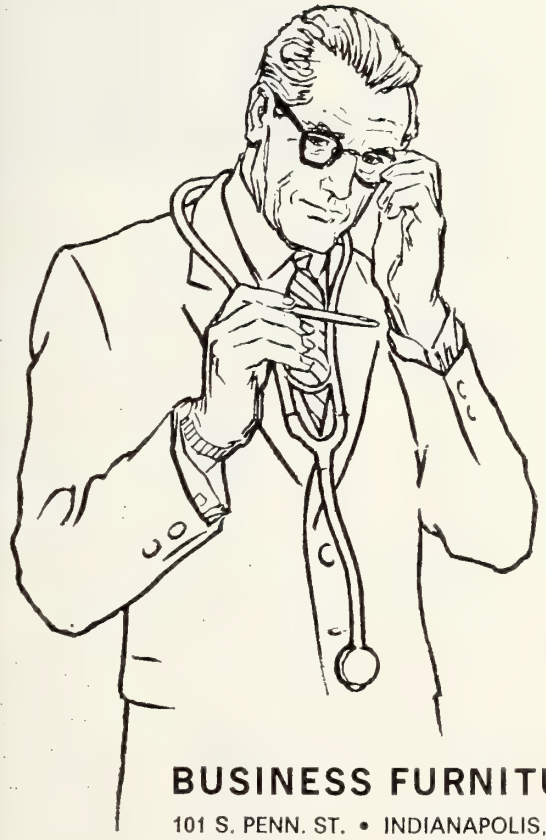
A case of meningitis with Hemophilus aphrophilus was successfully treated by parenteral ampicillin, and aspects of differentiating bacteriology were discussed. The Hemophilus aphrophilus is a Gram-negative coccobacillus resembling H. influenza and it is important for physicians to be aware of purulent meningitis caused by Hemophilus aphrophilus.

Acknowledgements

The authors are grateful to Mrs. Rita Moldroski for her fine technical assistance.

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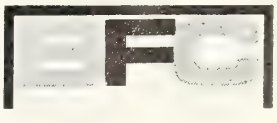


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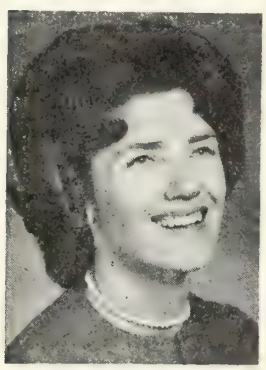
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The Woman's Auxiliary Reports to ISMA

Never before has the future become a part of the past so fast. That's the way I feel as this year as Auxiliary President draws to a close for me. Twelve short months ago our national organization challenged us with problems such as the ever-present need for increased membership and participation, desire for more widespread geographic representation throughout our states, the swift pace of changing life-styles, socioeconomic developments and legislative activity, the impetus of increased consumer concern and involvement in the area of health care, and the need to examine some of the values emerging from our young people and others. With programs and projects centered on membership, legislation, public relations, health education, aging and homebound, health services, children and youth, including the abused and battered child syndrome, safety, and AMAERF, we have tried to cope with some of these problems. All auxiliary members have a privilege and responsibility to participate through our established structure of county, state and national organization. If we really "belong" to our organization we'll believe in it and work for it. Given a problem, a plan, and a dedication, we hope we have made some progress. The great fringe benefits derived are the lasting friendships developed through working together.



This year has been taken up a great deal with meetings, national conferences and workshops, much correspondence to keep all members informed as fully as possible, but most important, visiting county auxiliaries individually. Rather than state area workshops usually attended only by county officers and chairmen, we have tried, in addition, to carry our program to the individual members and have had face-to-face contact with nearly 1,000 doctors' wives. I can truly say membership is rising and participation enthusiastic all over the state.

I could not end this year without expressing my gratitude to Dr. James Gosman, Dr. Joe Dukes, and the Boards of Trustees for their loyal support and encouragement in all our endeavors, as well as making us feel an important part of their programs and concerns for Indiana State Medical Association. I feel this excellent cooperation has increased our membership and hopefully these interested wives have carried this enthusiasm home to their husbands to get involved in the affairs of medicine. I have great admiration and appreciation for the entire staff of ISMA of whom all have been so helpful to me in secretarial aid and coordinating activities. Without the many tasks they do for us, my job would have been much more difficult.

My very best wishes to all of you physicians of Indiana. It's been a privilege to be the Auxiliary spokesman this year.

Pat Stogsdill

Mrs. W. W. Stogsdill, President

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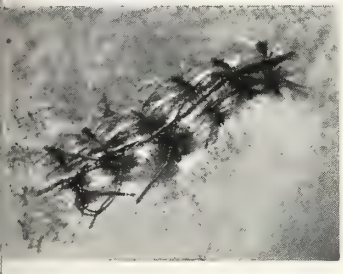
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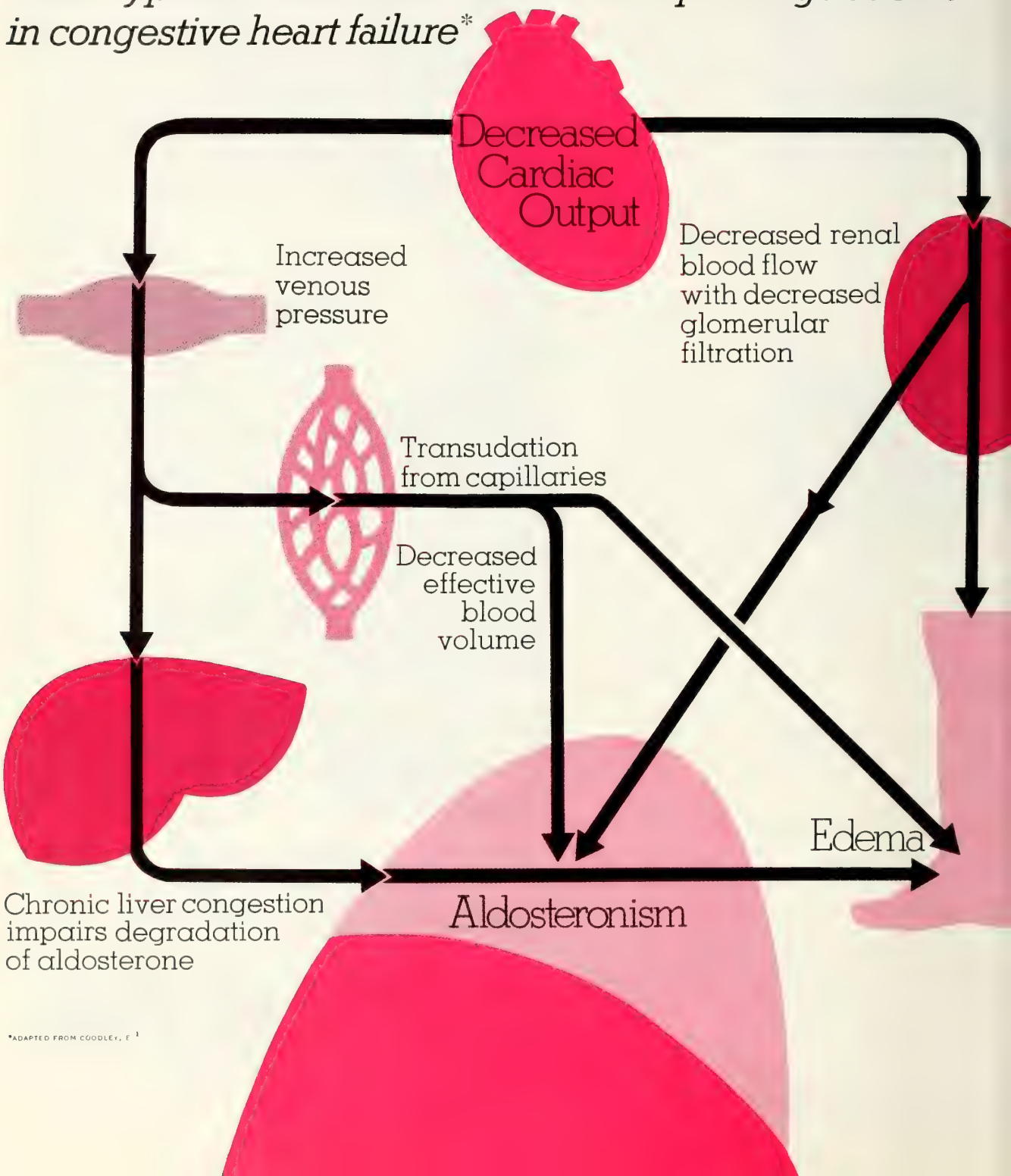
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Avoids acute volume depletion and ldosterone rebound.[2]

As a daily diuretic in combination with daily dose of a thiazide
Permits daily additive diuretic effect hile maintaining potassium balance.

Indications—Essential hypertension; edema or ascites of congestive heart failure, cirrhosis of the liver and the nephrotic syndrome; idiopathic edema. Some patients with malignant effusions may benefit from Aldactone (spironolactone), particularly when given with a thiazide diuretic.

Contraindications—Acute renal insufficiency, rapidly progressing impairment of renal function, anuria and hyperkalemia.

Warnings—Potassium supplementation may cause hyperkalemia and is not indicated unless a glucocorticoid is also given. Discontinue potassium supplementation if hyperkalemia develops. **Usage of any drug in women of childbearing age requires that the potential benefits of the drug be weighed against its possible hazards to the mother and fetus.**

Precautions—Patients should be checked carefully since electrolyte imbalance may occur. Although usually insignificant, hyperkalemia may be serious when renal impairment exists; deaths have occurred. Hyponatremia, manifested by dryness of the mouth, thirst, lethargy and drowsiness, together with a low serum sodium may be caused or aggravated, especially when Aldactone is combined with other diuretics. Elevation of BUN may occur, especially when pretreatment hyperazotemia exists. Mild acidosis may occur. Reduce the dosage of other antihypertensive drugs, particularly the ganglionic blocking agents, by at least 50 percent when adding Aldactone since it may potentiate their action.

Adverse Reactions—Drowsiness, lethargy, headache, diarrhea and other gastrointestinal symptoms, maculopapular or erythematous cutaneous eruptions, urticaria, mental confusion, drug fever, ataxia, gynecomastia, inability to achieve or maintain erection, mild androgenic effects, including hirsutism, irregular menses and deepening voice. Adverse reactions are infrequent and usually reversible.

Dosage and Administration—For **essential hypertension** in **adults** the daily dosage is 50 to 100 mg. in divided doses. Aldactone may be combined with a thiazide diuretic if necessary. Continue treatment for two weeks or longer since an adequate response may not occur sooner. Adjust subsequent dosage according to response of patient.

For edema, ascites or **effusions** in **adults** initial daily dosage is 100 mg. in divided doses. Continue medication for at least five days to determine diuretic response; add a thiazide or organic mercurial if adequate diuretic response has not occurred. Aldactone dosage should not be changed when other therapy is added. A daily dosage of Aldactone considerably greater than 75 mg. may be given if necessary.

A glucocorticoid, such as 15 to 20 mg. of prednisone daily, may be desirable for patients with extremely resistant edema which does not respond adequately to Aldactone and a conventional diuretic. Observe the usual precautions applicable to glucocorticoid therapy; supplemental potassium will usually be necessary. Such patients frequently have an associated hyponatremia—restriction of fluid intake to 1 liter per day or administration of mannitol or urea may be necessary (these measures are contraindicated in patients with uremia or severely impaired renal function). Mannitol is contraindicated in patients with congestive heart failure, and urea is contraindicated with a history or signs of hepatic coma unless the patient is receiving antibiotics orally to "sterilize" the gastrointestinal tract.

Glucocorticoids should probably be given first to patients with nephrosis since Aldactone, although useful for diuresis, will not directly affect the basic pathologic process.

For **children** the daily dosage should provide 1.5 mg. of Aldactone per pound of body weight.

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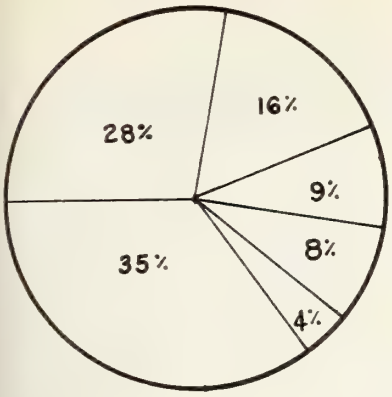
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This year about 355,000 will die of the disease; that is, about 975 persons a day, one every one and one-half minutes. Of every six deaths from all causes in the U.S., one is from cancer.

National Conference on Childhood Cancer—Dallas, Texas; May 16, 17, 18. For more information refer to CANCER CORNER in the March *Journal*.

The Laetrile Hoax

The physician who treats cancer is often confronted by a patient who demands treatment with Laetrile (amygdalin, an apricot pit derivative). The action of Laetrile on living cancers has been studied, in vitro, in animals and in man, and in none of these studies has it shown any demonstrable anti-cancer effect. Laetrile promoters claim that it is vitamin B-17, and that it prevents and controls cancer. They make a direct analogy between its supposed effects on cancer and those of insulin on diabetes. So writes Frederick B. Hodges, M.D., Director, State Department of Public Health, in an article in the June, 1973 *California Medicine*.

The California Health Department studied 190 cases of patients whose cancers were allegedly controlled or cured by Laetrile, the article continues. No case contained any valid evidence of cure or control attributable to Laetrile. Some of the patients still have their cancers; others had adequate conventional treatment in addition to Laetrile so that the effects of Laetrile cannot be determined, and still others, said to be cured, never had cancer at all. A San Francisco oncologist reports having personally observed 38 cancer patients who had received Laetrile; 36 are now dead and the other two are receiving other chemotherapeutic agents.

Furthermore, for reasons we do not understand, Laetrile given by mouth is 40 times as toxic as when administered parenterally, and also 40 times as toxic in cancerous as in normal animals. An ad hoc committee of oncologists, reviewing the data available in 1971, found that it would be dangerous to prescribe Laetrile even for investigational use because of the limited and unusual toxicity data.

Practitioners in Mexico and the U.S. who have been administering Laetrile have been relying on a test of urine as an index of diagnosis and improvement, the so-called Anthrone test. This department has studied it and found it as accurate as flipping a coin. Prescribing Laetrile or using the Anthrone test of cancer is a violation of the California Cancer Law. It is not only unprofessional conduct under the Business and Professions Code, but also illegal.—**Reprinted from the Cancer News, Vol. 27, No. 2, fall/winter 1973/74.**

WILLIAM M. DUGAN, JR., M.D.
Chairman of Professional Education
Indiana Chapter
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The Training and Use of Physician's Assistants in Indiana

DAN P. FOX, P.A.
FREDERIC L. SCHOEN, M.D.
Fort Wayne

THE widely recognized shortage and maldistribution of health care in the United States has become a national issue. However, few agree on solutions. One of the possible alternatives is the education and utilization of so-called physician-extender personnel, such as the physician's assistant, pediatric nurse practitioner, family nurse practitioner, etc. This article will pertain only to the physician's assistant.

Early in 1965, Dr. Eugene Stead, then chairman of the Department of Medicine of Duke University Medical School, initiated the first program to train physician's assistants. He visualized using the large pool of already trained military medical corpsmen, providing additional professional-level training in a university setting and then sending them into communities to assist the overworked private practitioner.

Since initiation of this program at Duke, significant national attention has been drawn to the "physician's assistant concept." The number of programs training P.A.s increased from four in 1968 to almost fifty currently operating.[1]

The first federal recognition of the great promise offered by the physician's assistant came in President Nixon's address to the Congress in February 1971. In this message the President stated:

> One of the most promising ways to expand the supply of medical care and to reduce its costs is through a greater use of allied health personnel, especially those who work as physician's and dentist's assistants, nurse pediatric practitioners and nurse midwives. Such persons are trained to perform tasks which must otherwise be performed by doctors themselves, even though they do not require the skills of a doctor. Such assistance frees a physician to focus his skills where they are most needed and often allows him to treat many additional patients.[2]

Following the President's address, Congress passed the Comprehensive Health Manpower Training Act of 1971 which authorized significant funds to be used exclusively for the training of physician's assistants.

Following this assurance of funding, the American Medical Association, in collaboration with the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians and American Society of Internal Medicine, established a panel to formulate ideas and suggestions on the training of physician's assistants. This led to the formulation of specific guidelines for universities to use in developing P.A. programs, entitled "Essentials of an Approved Educational Program for the Assistant to the Primary Care Physician." They were formally adopted by the AMA's House of Delegates in 1971. Since their adoption, the AMA has established accreditation procedures to be sure programs are complying with these guidelines. The procedure includes formal application and an on-site visit by qualified physicians and other evaluative specialists.

Further, the AMA developed the following definition of the Assistant to the Primary Care Physician:

> He or she will be a "skilled person, qualified by academic and clinical training to provide patient services under the supervision and responsibility of a doctor of medicine or osteopathy who is, in turn, responsible for the performance of that assistant. The assistant may be involved with the patients of the physician in any medical setting for which the physician is responsible."[3]

Furthermore, the AMA believed the ultimate role of any physician's assistant would vary, depending on practice requirements due to geographic, economic and sociologic factors. However, they did think that all P.A.s should receive instruction and be competent in:

1. The initial approach to a patient of any age group in any setting to elicit a detailed and accurate history, perform an appropriate physical examination, and record and present pertinent data in a manner meaningful to the physician;
2. Performance and/or assistance in performance of rou-

This article was submitted for publication in June 1973.

tine laboratory and related studies as appropriate for a specific practice setting, such as the drawing of blood samples, performance of urinalysis, and the taking of electrocardiographic tracings;

3. Performance of such routine therapeutic procedures as injections, immunizations, and the suturing and care of wounds;
4. Instruction and counseling of patients regarding physical and mental health on matters such as diets, disease, therapy, and normal growth and development;
5. Assisting the physician in the hospital setting by making patient rounds, recording patient progress notes, accurately and appropriately transcribing and/or executing standing orders and other specific orders at the direction of the supervising physician, and compiling and recording detailed narrative case summaries;
6. Providing assistance in the delivery of services to patients requiring continuing care (home, nursing home, extended care facilities, etc.) including the review and monitoring of treatment and therapy plans;
7. Independent performance of evaluative and treatment procedures essential to provide an appropriate response to life-threatening, emergency situations; and
8. Facilitation of the physician's referral of appropriate patients by maintenance of an awareness of the community's various health facilities, agencies, and resources.[3]

Early in 1971, Glenn Irwin, Jr., M.D., dean of the School of Medicine at Indiana University, created a committee to study the physician's assistant concept and consider recommendations for the development of such a program in Indiana. The committee was formally organized and held its first meeting in December 1971. It was headed by the chairman of the Department of Community Health Sciences, was composed of 15 members deeply concerned with the health care system in Indiana and included such physician members as: Steven Beering, M.D., associate dean and director of the Indiana Statewide Medical Education System, Peter Petrich, M.D., then president of the Indiana State Medical Association, and Franklin Bryan, M.D., director of the Fort Wayne Center for Medical Education.

It was the unanimous decision of the committee to recommend to the dean that Indiana University School of Medicine develop a P.A. training program to prepare qualified candidates for careers in primary care. The areas defined as primary care are family practice, pediatrics, general internal medicine and obstetrics. In addition, the committee felt that the program should follow the guidelines established by the AMA.

The medical school, with the advice of this select committee, decided to initiate such a program in August 1972 at the Indiana University/Purdue University campus at Fort Wayne in cooperation with the Fort Wayne Center for Medical Education. In 1972, an application for federal funding was awarded by the Office of Sponsored Programs, Department of Health, Education, and Welfare.

The program was designed after the successful Duke University model, but took into consideration the unique opportunities for clinical training available in Fort Wayne, such as large numbers of family physicians as well as specialists.

As with Duke's program and many other training programs elsewhere in the country, only individuals with previous medical care experience were chosen. In addition, candidates were required to have completed one year of post-high school education or the equivalent.

The first class, composed of 12 well-qualified persons, began training in August 1972. Of these, 11 had functioned in a professional capacity such as a registered nurse, medical or x-ray technologist or medical corpsman.

The curriculum is 24 months in length and comprises basic science courses, clinical courses and extensive clinical training in the community hospitals, out-patient clinics and private practitioner's offices of Fort Wayne. More specifically, the curriculum is divided into two basic parts. The first, 12 months in length, presents basic science courses such as chemistry, anatomy, physiology, microbiology, and normal and abnormal psychology; and clinical science courses such as physical diagnosis, clinical laboratory and diagnosis, human growth and development, medical civics and public health, and introduction to clinical medicine.

The second part of the curriculum consists of 12 months of practical clinical experience. This period is divided into three parts consisting of: (1) a four-month rotation through in-hospital services of pediatrics, obstetrics-gynecology, surgery and general medicine; (2) a four-month rotation through outpatient services in emergency rooms and the other outpatient areas; (3) and a four-month rotation with private practitioners learning clinical practice skills in the office as well as the nursing home, on home calls and at the hospital.

During these periods of training, the student is constantly being observed and examined to assure the development of the necessary skills and knowledge to allow him or her to function effectively as a physician's assistant. In addition, the

students are asked to evaluate their education at periodic intervals to allow the program administration to explore new methods of training.

Following their successful completion of the program in August 1974, students in the first class will seek employment in various areas of the state of Indiana to assist primary care physicians in their day-to-day practice of medicine. They will be able to assume many of the time-consuming tasks now performed by physicians but not requiring their extensive knowledge or skills. This should allow the physician to expand his practice and spend more time with patients requiring his abilities.

Even though program accreditation is underway, several important issues relating to the utilization of the P.A. are still under study. Some of these are (1) certification, (2) opposition by other health personnel, and (3) the legal status of the physician's assistant.

Certification, as used in this context, means the assurance of competency of a given health professional as determined by an appointed board of examiners. Certification of the P.A. has been under study by the National Board of Medical Examiners and it is reported a certifying examination will soon be available to qualified graduates. This examination is expected to be recognized in much the same way as the National Board Examinations are for medical students. The format for such an examination is with a clinical approach in mind. The proposed applicant will be required to demonstrate ability to approach the patient and elicit a detailed and accurate history, assemble physical examination data and present it in an accurate and understandable manner to the physician.

Three groups of health professions have indicated significant concern about the physician's assistant concept in Indiana. They are Nursing, Optometry and Pharmacy. This concern arises over the fact that physicians have had assistants for some years. However, the professionally trained P.A. is totally new, and the responsibilities require significant education beyond that normally possessed in the clinical sciences by other health personnel. Specifically, the P.A. must possess advanced skills in the areas of physical diagnosis and clinical medicine.

In discussing the last issue relating to the P.A. in Indiana, it is important to mention that currently a panel of representatives from each of the concerned organizations mentioned is studying the legal status of the physician's assistant. This panel, together with representatives of the Indiana State Medical Association and Physician's Assistant Program, is actively working to resolve many of the misunderstandings of the P.A. concept and draft legislation beneficial to the public and medical profession alike.

Further, it is important to mention that the use of physician's assistants in Indiana is not illegal. As mentioned earlier, physicians have used assistants for years and found this a very efficient method of providing health care for the people of their communities. For example, one of the authors has functioned as a graduate physician's assistant in the city of Richmond, Indiana, for approximately two years. However, there is a need for legislation in the state which will allow the State Board of Medical Registration and Examination to determine those individuals qualified to function as physician's assistants and provide the necessary controls.

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Seminar for FDA Professional Staff

DR. Robert L. Devetski, South Bend, presented a seminar to the professional staff of the Food and Drug Administration in Washington on January 16. He appeared, by invitation, to present his opinions, as a practicing physician, about the functions and policies of the FDA in regard to drugs and food.

Dr. Devetski listed five problems for discussion, as follows:

1. Delayed release of new drugs.
2. Withdrawal of useful drugs.
3. Unreasonable attitude toward combination drugs (both over-the-counter and prescription) insofar as efficacy is concerned.
4. Exclusion of practicing physicians from decision-making process.
5. Overly stringent labeling requirements on drug usage.

He reported that, of the 180 new drugs marketed from 1962 to 1971 in the U. S. and the United Kingdom, 82 were mutually available, and 98 exclusively available.

When these drugs were divided into categories, he found that the antibacterial agents comprised the largest section. There were 54, of which 29 were mutually available; 16 others were available only in the U.K. and 9 others were available only in the U.S. Dr. Devetski, who practices internal medicine and is interested in infectious diseases as his subspecialty, thought that there was no real problem with the unavailability of significant antibacterial agents in this country. He, also, did not find any major or significant lag in the clearance of other categories of drugs.

To retain useful older drugs and eliminate truly ineffective drug products, Dr. Devetski recommended that the FDA consult physicians in active practice. He suggested a Drug Review Board, composed of one physician from each state, to collect objective evidence of effectiveness for FDA consideration. The process, he suggested, might include distribution of proposed FDA regulations to practicing physicians through the Drug Review Board, discussion and rebuttal, and, finally, implementation of the regulations.

Dr. Devetski testified that his process should satisfy consumer advocates and, at the same time, enable the FDA to discharge its legal responsibility while utilizing the clinical experience of the active practitioner.

He recommended a new type of label for the compound drugs which have been listed as ineffective. An "appropriate designation" label, which would state that proof of efficacy for each ingredient had not been established, would permit the patient and his physician to resolve any difference of opinion without involving the FDA.

Dr. Devetski also recommended that the labels of all over-the-counter drug products list all constituents in a comprehensive manner. This would be helpful in emergency situations of possible overdosage or allergic reactions.

Due to the faulty notification system used by the FDA to notify citizens about dangerous food products which should be removed from the market and from homes, Dr. Devetski recommended that the FDA initially inform the Public Information Section of each state medical society. Notification would then go from the state to each county society and then to all physicians, both members and non-members. Announcements on the major networks would alert citizens to contact their doctors for full information.

Dr. Devetski summarized his suggestions as follows:

1. Improved communication, directly via the Drug Bulletin, and indirectly via the Drug Review Board.
2. Appropriate designators for indicating the degree of efficacy for the older drugs.
3. Mandatory labeling to indicate all constituents in a comprehensive fashion.

4. Continued maintenance of rigid requirements for approval of new drugs.

Introducing "Seminars from Riley Children's Hospital"

A new bimonthly series devoted to the discussion of important practical aspects of pediatrics is introduced in this issue of *The Journal*. It is fitting that a series titled Seminars from Riley Children's Hospital is initiated on this occasion of the Fiftieth Anniversary of the Hospital.

The Faculty is excited about this series and hopeful that the articles will be helpful to all practitioners in the state of Indiana who provide care to infants, children and adolescents. We will attempt not to become preoccupied with the esoteric but concentrate on more common, but no less interesting, aspects of pediatric medicine. All disciplines participating in patient care at Riley Children's Hospital will be called upon for contributions to the Seminars.

I realize that my view of worthy topics might be distorted by the angle from which I observe pediatric medicine. Therefore, I want to encourage the reader to communicate suggestions, criticism, personal experience(s) or other comments to me. An immediate reply can be expected and all comments will receive appropriate consideration. Seminars presently in preparation include "Urinary Tract Infections in Pediatrics" and "Treatment of Pneumonia in the Pediatric Patient."—**Joseph F. Fitzgerald, M.D., Seminars Editor, Riley Children's Hospital, 1100 West Michigan Street, Indianapolis 46202.**

PMA Offers Alternate Plan

THE Pharmaceutical Manufacturers Association has proposed an alternate approach to the problem of reimbursement of drug costs by the government.

Secretary Weinberger has suggested that the government limit its reimbursement to Medicare and Medicaid patients to the lowest cost at which any particular drug product can be obtained.

Those close to the plan have said that the suggestions have caused a torrent of criticism from the pharmacy and medical professions. The reaction was based on the fact that drugs can be made very cheaply and sold for a fraction of what a well-made, reliable product would have to bring.

The PMA originally pointed out that the Weinberger plan would be safe and workable only if all drug formulations could be guaranteed to be biologically equivalent, a premise which is not viable now and could not be made so in the near or even middle future. And then only with a greatly expanded inspection and testing program by the FDA to involve all pharmaceutical manufacturing.

In response to an administration request for comments on the "lowest cost" plan, the PMA has presented a memorandum to HEW to ask for a three-part program:

1. Communication of meaningful price information to physicians.
2. Provision of drug quality information to doctors to facilitate their selection of lower priced products of known quality.
3. Establishment of a system of peer review of drug prescribing and dispensing to monitor the provision of prescription drug services.

The PMA pointed out that there was widespread agreement with the government goal of limiting drug expenditures if reliable and safe drugs could be supplied at the same time.

The PMA criticized the "lowest cost" plan because all drugs are not of equal quality and bioequivalence is not a fact.

The PMA plan involves requiring drug makers to supply HEW with a list of current prices for all commonly prescribed products, in order for them to be eligible for reimbursement. Hospitals, nursing homes and retail dispensers of prescription drugs also would become eligible for reimbursement only after giving HEW price information. HEW would disseminate the manufacturers' prices and retail prices to physicians either directly or by use of medical journals. The retail price would be the "average reimbursable price for commonly prescribed drugs from various suppliers in a given locale or region."

The plan would also supply physicians with information about quality of drug products. PMA says that "experience has shown that physicians will tend to prescribe lower cost products when they are aware of material price differentials, if they have confidence in the reliability of the supplier."

Review of prescribing and dispensing could be accomplished on a peer review basis or could be a part of the current utilization review programs.

The PMA alternative plan should be given serious consideration. The Weinberger "lowest cost" plan, if adopted, would result in the manufacture of drugs with low cost as the prime consideration and with quality and reliability involved as very secondary factors, if at all. Reliable, first-quality drugs would be driven from the market.

A Day on Capitol Hill

SENATOR Kennedy's Health Subcommittee hearings got off to a predictable start in December with a series of accusations which have been presented previously. Accusations against pharmacy and medicine bear a charmed life and are subject to recycling at regularly scheduled intervals.

All the old, oft repeated, timeworn cliches are appearing again despite having been rebutted in years past.

The tone of such "investigations" is always set by referring to the high price of drugs, despite the fact that drug prices have fallen during the past 10 years while the price of almost everything else has gone up. According to the Bureau of Labor Statistics, the Consumer Price Index for all items rose 43.4% between 1960 and 1972. Prescription drugs declined by 12.5% in the same period of time.

During the first day of hearings the drug manufacturers were accused of being monopolistic and also of allowing several separate firms to make and sell identical drug products. This must be a new kind of monopoly.

Critics of the pharmaceutical industry have charged that four times as much is spent on promotion as on research. Facts: The two activities spend almost the same amount. Research and development expenses in 1972 exceeded $720 million. Total marketing expenditures that year were estimated at a little over $768 million. Marketing expenditures, of course, include many, many items of cost which are necessary in the conduct of business and the distribution of drugs, advertising being only a small part.

All the above is understandable when taken in consideration of the remark made by Senator Gaylord Nelson on that first day. In commenting on Secretary Weinberger's proposal that the government reimburse all Medicare and Medicaid drug purchases on the basis of the lowest price available, the Senator said that the Secretary's proposal "must be only the first step in a massive intrusion by the federal government into the prescribing habits of physicians."

The Scene of an Accident

DEATH from trauma encountered in automobile accidents is increasing yearly. All too often, these deaths are a result of improper management at the scene of the accident, and could have been prevented had those persons immediately involved had some knowledge of basic first aid.

Much has been done to improve our emergency services. Ambulance vehicle requirements have been made more stringent, and the training of emergency personnel has been upgraded. BUT—how often does a trained emergency technician, a registered nurse or a doctor happen to be present as an accident occurs? Certainly, improvement in emergency services is vital, but to effectively d e c r e a s e traumatic deaths from automobile accidents, the American public needs to have some type of training and knowledge of first aid, and should also have readily available guidelines to reinforce this knowledge when an accident occurs.

How can such information be furnished? A list of directions and advice placed in every automobile would be a start in the right direction. The list could be attached to the glove compartment door, or it could be included in the Owner's Manual and kept in the car at all times. This would in most instances make the necessary information immediately available and, therefore, of greatest value to those attempting to aid the injured.

To be effective, the list must be concise, clear and written in the simplest terms. Some of the main points which should be included are as follows:

FIRST, caution the reader to remain calm, to act carefully and purposefully, and to seek help by contacting the proper authorities as quickly as possible. A universal emergency telephone number would be most helpful.

SECOND, determine if the patient is breathing. Insuring an airway is the first priority in an unconscious patient; this can be done by clearing the mouth and elevating the jaw to prevent the tongue from choking the patient. If necessary, give mouth-to-mouth resuscitation. A small illustration or diagram would be appropriate.

THIRD, determine if the heart is beating. Feel for a pulse over the chest or at the neck. If no pulse is felt, a sharp blow to the sternum may start the heart beating. If this is not effective, closed chest heart massage should be carried out, and brief instructions for this procedure should be included.

FOURTH, determine if the person is bleeding. One can look quickly and see if any severe bleeding is present; if so, pressure should be applied to the bleeding point. Do not use a tourniquet, as it is often dangerous as well as ineffective.

FIFTH, determine if the patient is conscious. If so, question him about areas of pain, examine him quickly for evidence that might suggest a fracture, and if suspicious, splint. If the victim is not conscious, examine him carefully for deformities that would suggest a fracture and, if found, splint before moving. How can one tell if a fracture is present? Look for a deformed extremity, or an area that is painful upon pressure or movement. Compare the appearance of one side of the body with the other. Ask the patient, if conscious, to move his head, arms, legs and body slowly and carefully and observe him; the presence of pain is presumptive evidence of fracture.

Pain as a result of the pressure of the fingers over the spine suggests a fracture of the spine, and the patient should therefore be moved very carefully, using a board and with ample help. Splints for other parts of the body can be made from newspapers, magazines, towels, pillows, rags or diapers. Pillows are particularly good since they will splint without danger to the circulation.

SIXTH, keep the patient covered and warm. A cold patient is more apt to go into shock.

These things should be done while waiting for the ambulance or other trained personnel to arrive. Carried out logically, these steps can be life-saving.

How can the American people be educated in this manner? Many organizations are already doing a great deal to train people, such as the Girl and Boy Scouts and the American Red Cross. Many industries, also, are training their employees. Much of the public, however, will not be exposed to such training, or at best will forget if the knowledge is not refreshed.

Individual states should consider requiring first aid as part of the driver's education program in their high schools. Appropriate questions concerning first aid procedures should also be included on the driver's license test. Better trained emergency technicians, nurses and doctors are not enough to do the job. **—George T. Wolff, M.D., member, Commission on Health Care Services, American Academy of Family Physicians. Reprinted with permission from** *Emergency Medicine Today,* **Feb. 1974.**

"If We Don't Do It, They Will!"

ALTHOUGH no units of measurement are available—not even non-metric units such as gills, firkins or kilderkins—it is common practice to rate what man does on some sort of admirable-contemptible scale. Among the many factors that determine such an assessment is the willingness of the doer to stand up for a cause. In this context the reactions of the body medical to potential change have become increasingly stereotyped and ignominious. A few say, "Yes, let's boost it." A few say, "No, let's fight it." The commitment of both these groups commands respect. But what of the so prevalent argument that urges reluctant acquiescence on the principle that if we don't do it, THEY will?

THEY, of course, is government —the planners, bureaucrats and politicians—that in its anonymous enormity seeks to change the processes of maintaining or restoring the people's health, a function THEY call the delivery of health care. If the shortcomings of medicine are not corrected, doctors and biomedical scientists earnestly warn each other, THEY will take the necessary steps. If PSRO's are not implemented by medical groups, THEY will define and run the organizations. If we do not keep our ethical house in order, THEY will make sure we do. If researchers do not treat human subjects with respect and consideration, THEY will impose the necessary regulations. And at a meeting of the governing body of a state medical society, proponents of greater financial commitment by the society to postgraduate education and methods of recertification had just one reason: if we don't, THEY will. Not a single voice was raised to suggest that continuing education might be a good thing in itself—good for the patient and even the doctor. That's the problem: waving the big stick of what THEY will do has become such an all-pervasive form of argument that change is advocated and accepted for evasive and expedient reasons rather than for the positive values inherent not only in continuing education but also in quality control, preventive medicine, and ethical behavior by both practitioner and researcher.

Sometimes, no doubt, government gives the governed a choice that leaves him little choice. Legislation may specify that the secretary of HEW may act if doctors do not implement a directive before a certain date; and federal agencies may offer either-or ultimatums to medically related activities such as pharmaceutical manufacturing or blood-banking programs. It is not surprising, therefore, that the medical profession, when confronted by what it perceives as two evils, will seek the lesser of the two, that the reaction to potential change is one of defensive accommodation rather than affirmative involvement. Yet the routine adoption of such postures that combine to a variable extent the qualities of opportunism, cynicism and fear does not enhance the physician's self-respect or, for that matter, the respect THEY can have for us. Running scared may sometimes be the better part of valor, but such tactics should be subsidiary to a more positive stance, a stance taken in the hope of gaining a benefit, not in the hope of avoiding a harm.—**F. J. Ingelfinger, M.D., editor,** *The New England Journal of Medicine,* **Feb. 7, 1974.**

Consumers Get Stuck With a Bad Decision

THE federal Consumer Product Safety Commission has ordered recall of a particular type of super-glue, a "cyano-acrylate" by chemical name.

The glue, it seems, sticks too well. Richard O. Simpson, chairman of the commission, was quoted in a wire-service story as saying, "It's a good, all-purpose glue. The problem is maybe it's too good."

For those who think sticking is what a glue should do, a word of amplification: Consumers Union, a private organization, complained to the commission that some users of the glue are getting stuck up. Seriously.

The glue is being recalled under a quaint provision of the commission's statutory authority which authorizes a hanging first, then a fair trial. After the recall, the commission will hold a public hearing.

Pity the poor glue manufacturers. If they produce an inferior product, the Federal Trade Commission will be down on them. And if they produce a superior product, they run afoul of the Product Safety Commission. A very sticky situation.

I wonder if the commission will come up with a formula specifying exactly how bad a glue must be before the government will certify

it as "good." Probably not. More fun to let the businessman try to figure it out for himself, then tell him he's wrong.

I have no quarrel with the principle that consumers deserve adequate warning of all product hazards that are not self-evident (i.e., I don't believe it should be necessary to point out that knives can cut the user).

But what we are dealing with in the glue purge is a horse of a different color: The principle that *all* consumers should be forbidden access to a useful product because *some* consumers may misuse it. In other words, we will all be limited to the level of the lowest common denominator. That's "Big Motherism" in the extreme.—**Arch N. Booth, Chief Executive Officer, Chamber of Commerce of the United States.**

Editorial Notes . . .

Recreational snowmobiles are noisy enough to be annoying but racing snowmobiles are loud enough to damage the hearing of drivers, pitmen and nearby spectators. Recommendations are to keep spectators at least 16 yards from the track and to build ear protectors into drivers' crash helmets. All this is in line with what Purdue University does to promote ear protectors for farmers who operate tractors, harvesters and power saws. Jet engine jockeys at airports have had this protection for a long time. Maybe recreational snowmobile drivers and passengers should have the same.

The University of Rochester reports follow-up studies on 25 men who were heavily exposed to plutonium while producing the first atomic bomb. None shows any discernible effects of the radiation and all are in remarkably good health.

The HEW appropriations bill recently passed by Congress includes funds for a study of chiropractic fundamentals. The Congressional Committee said "as much as $2 million should be earmarked for this study and chiropractic *research to be conducted by chiropractors.*" Just like asking a rabbit how much lettuce to plant.

The new FDA budget for fiscal 1975 will be an increase of 21% over 1974. Part of the funds will be used to expand efforts to study prescription drug bioequivalency.

The Ralph Nader group has proposed a most comprehensive consumer directory of doctors for a county in Maryland. The county medical society finds that state law forbids publication of part of the data which Nader favors. The disputed data are considered as advertising according to the law. The Nader group has filed suit in the U.S. District Court to compel the information under the doctrine of free speech. Nader recently called the proposed directory a "first step in a movement" nationally to help consumers shop for doctors.

The Ladies Auxiliary of the Deaconess Hospital in Evansville has organized a "Language Bank" to aid in communicating with patients who do not speak English. Mrs. John Vogel of Mount Vernon spearheaded the organization. The list of interpreters includes 51 people from Evansville, Mount Vernon, Boonville and Newburgh. Their collective competence covers nearly all European and Middle East languages, many Oriental tongues, including three Chinese dialects, and sign language.

The Lobund Laboratory at Notre Dame has successfully treated leukemia in mice. The method includes a very large dose of radiation, followed by transplantation of bone marrow genetically foreign to the animal, and isolation in a germfree environment. The same treatment may be applied to non-germfree mice if they are decontaminated with antibiotics. The same technique will prevent Hodgkin's Disease from occurring in germfree mice which normally develop it at 10 months of age.

William Apple, executive director of the American Pharmaceutical Association, in testimony before Senator Kennedy's congressional subcommittee, endorsed the HEW stand that drugs should be paid for on the basis of the cheapest drug available. He also said that pharmacy has complete confidence in the products of American pharmaceutical companies. He must have reached these opinions because of the fact that the APhA does not test drug products. The U.S. Department of Defense, which thoroughly tests all drug products offered to it for sale, rejects 42% of drug product samples submitted to it. The DOD also inspects the manufacturing facilities of all drug makers who desire to do business with the government. Of all facilities inspected, 45% fail to meet the DOD standards.

HEALTH DEVICES®, a publication of the Emergency Care Research Institute, has published a special edition which is devoted exclusively to electrical safety in hospitals. A grant-in-aid from the Gustavus and Louise Pfeiffer Research Foundation makes this edition available to all hospitals in the U.S. without charge. The publication is intended to give hospital administrators, governing boards and clinical staff a broad overview of the electrical safety problem. ◄

Penicillin

JESSIE M. STEVENSON
Indianapolis

PENICILLIN, like many other drugs beneficial to mankind, existed long before it was discovered. The early Egyptian physician, Imhotep, used moldy wheaten bread for certain types of wounds and external infections. The wheat flour was probably credited as the curative agent when it was really the mold, penicillin.

Hippocrates prescribed toasted molds for various external physical conditions. As long as 3,000 years ago the American Indians were known to have used certain kinds of molds in the treatment of wounds. The moldy curd of soy beans was used by Chinese physicians to treat boils, carbuncles and like infections.

Knowledge of the curative properties of molds was lost for many years and not rediscovered until work was begun on the "miracle drugs" in the present century.

In 1871 Dr. Joseph Lister attempted to trap airborne bacteria. He put a half ounce of nutrient broth into an uncovered container. The broth became covered with what was described as a "fine lawn." When he put bacteria into this mold they became inactive. Thus he had seen what was discovered 57 years later, penicillin.

A Scottish bacteriologist from St. Mary's Hospital in London, Alexander Fleming, was serving as a Captain in the British army medical corps during World War I. He was told that his job was to find an improved antiseptic because so many soldiers were dying from infected wounds. Many of the then known antiseptics were almost as destructive to body tissue as were the microbes.

Not having found such an antiseptic during his army tenure, he went back to St. Mary's Hospital after the war and continued his search for a non-toxic germ killer.

One day in 1928 he was working in his laboratory on some collections of Staphylococci aureus (berry shaped microbes) which cause boils, carbuncles, blood poisoning and similar afflictions. He was using a standard nutrient gelatine which he had placed in what were known as Petri dishes. One of the dishes was *accidentally* left uncovered and a spore from the air fell onto the gelatine. When Fleming looked into that particular dish he saw that the culture was contaminated by a blue-green mold. Such contaminated molds were usually thrown out and the dishes washed thoroughly to be used for more cultures. But this time Fleming hesitated. He said:

> It was astonishing that for some considerable distance around the mold the staphylococci were being destroyed. This was an extraordinary and unexpected appearance and seemed to demand investigation. At that time my knowledge of molds, like that of most bacteriologists, was rather less than elementary but I could make out that it was a variety of Penicillium so the cultures made from the mold were named *penicillin.*

Fleming published a paper on his discovery of the penicillin mold in the *British Journal of Experimental Pathology.* Little interest was generated in the article and 10 more years passed before other scientists became interested in his discovery. It lay buried in what has been called "the graveyard of small print in a Laboratory Journal."

Eventually, two other British scientists, Howard W. Florey and Norman G. Heatley, obtained some of Fleming's penicillin and began to experiment with the mold.

Early penicillin contained only 1% of the pure drug. However, an attempt was made to use it even though it had to be injected every few hours or dropped into a vein in a continuous stream. Florey described the procedure by saying that it was like "trying to fill a bath tub with the plug out."

Penicillin was used for the first time on January 27, 1941. The patient was a London police officer who was suffering from a case of blood poisoning which appeared to be fatal. He responded to the penicillin treatment but the supply was too small. Although he was kept alive for a little while by small amounts of the drug extracted from his urine it was not enough to save his life. It is reported that the second patient also died because of an insufficient amount of the drug, while a third patient received enough and survived.

In 1941 the Rockefeller Institute invited Florey and Heatley to bring some penicillin mold to America. The American and British governments realized that if penicillin could be manufactured in large enough quantities it would be of untold value in the treatment of soldiers' wounds. The Northern Regional Research Laboratory at Peoria, Illinois, was the seat of the

beginning of the American saga of penicillin.

Three important discoveries were made at the Peoria Laboratory. (1) With the discovery of a moldy cantaloupe, strains of penicillin were found which produced a higher yield than Fleming's original culture. (2) When a substance known as "corn steep" liquor (the fluid remaining when corn is soaked in water in the process of making starch) was added to the medium, a much better yield of mold was obtained. (3) It was found that the mold could be produced by submerged instead of surface culture methods.

Penicillin began to be produced in large quantities at the beginning of World War II. At that time Fleming wrote: "It seems that Providence has been kind in presenting us with this substance just at a time when it was most needed."

Manufactured Under Government Control

The early manufacture of penicillin in America was strictly under government control under the Official Secrets Act. Dr. Chester J. Keifer of Boston, Director of the Evans Memorial Hospital and Chairman of the National Research Council Committee on Chemotherapeutics, was appointed Pencillin Director. Every gram of the drug manufactured had to be sent to him. It had a priority rating equal to that of turbine engines. Dr. Keifer dispersed it among 22 hospitals which had been selected for clinical tests. For approximately two years he allowed the drug to be used only where it was determined that its use would provide additional medical knowledge. Even the pleas from his friends to save their lives and the lives of their families were ignored. An article in the Readers Digest in August 1943 by J. D. Ratcliff, a medical writer, stated: "At no time in the history of the United States did the National Government show such an interest in a medical discovery."

Early in 1942 the U.S. Surgeon General appealed to pharmaceutical companies to make every effort to produce the drug. Penicillin's hour had arrived. This was true for two reasons: (1) There was a great need for it because of the war. (2) Since it is manufactured by a fermentation process, the Charles Pfizer Drug Company of New York specialized in such a process, and was well prepared to produce the drug. Later Lederele, E. R. Squibb & Sons, Cutler Laboratories and others, including two Indiana companies, began to manufacture the drug.

The Commercial Solvents Corporation of Terre Haute, Indiana, and Eli Lilly and Company of Indianapolis, played major roles in the production of penicillin.

Dr. J. L. Martin of Commercial Solvents Corporation of Terre Haute gave the following facts regarding the work of that company. He said that in May 1943, Dr. Robert D. Coghill of the Northern Regional Research Laboratory of Peoria came to Commercial Solvents Corporation seeking their aid in the production of the drug. At that time it was being produced by surface culture methods, using small glass containers—i.e., quart milk bottles laid on their sides as fermentors. Dr. Coghill was aware that Commercial Solvents had the know-how in the operation of large scale fermentors and he hoped that a successful fermentation of Penicillium notatum could be achieved in the "deep tanks." The plant had been producing vitamin B_2 (riboflavin) for several years in this manner, using another kind of mold.

Commercial Solvents decided to build a penicillin plant with twelve 10,000-gallon fermentors in the fermentation section. This was one of the largest tanks in the United States (and in the world) at that time. The plant was completed in 1944. The Commercial Solvents Corporation of Terre Haute was the first company to produce penicillin salts on a large scale.

Lilly Begins Full Scale Production in 1943

Mr. David R. Richards of Eli Lilly and Company supplied the following information on Lilly's contribution to the production of penicillin: Lilly's work began about a year before the English scientists, Florey and Heatley, went to the Peoria Laboratory. J. M. McGuire, Ph.D., who was head of the Microbiological Department, had secured cultures of Penicillium notatum in October, 1940. The Lilly Company began full scale production in 1943, with Dr. McGuire as technical adviser. The Company turned out 25,000 bottles (the two-quart Sheffield milk bottle variety) of penicillin-containing solution per day. The modification of a DeVilbiss atomizer for the purpose of spraying the spore solution into the culture bottles saved time, material and effort. Seven days were required between implantation of these spores and the penicillin harvest and Lilly had seven cycles in continuous operation. After overcoming some tough problems in sterilization, Lilly converted to submurged culture in late 1944.

Formerly, the injection of penicillin produced a lump in the injected area. In 1947 Lilly developed 'Duracillin' (Crystalline Procaine Penicillin G, Lilly) a compound of low solubility which is absorbed slowly and maintains prolonged and desirable blood levels, yet leaves no lumps in the muscles. It is now the most generally used form of penicillin. This drug is the most useful and least toxic among the 300 additional antibiotics which have been discovered.

When penicillin was commercial-

ly introduced in 1943, the wholesale price was $20 per dose of 100,000 units. Only 29 pounds were produced that year.

Research by Dorothy Hodgkins of Oxford University revealed the structure of the penicillin molecules which made possible the synthetic manufacture of the drug. On March 17, 1945, penicillin became available on prescription in drugstores.

It is interesting to note that penicillin does not destroy the bacteria instantly but it stops their reproduction so that the white blood cells can then take over and kill the germs. Furthermore, it is estimated that only about one person out of a hundred is allergic to the drug.

Thus, Alexander Fleming had been asked to find and had found a substance that would inhibit the reproduction of bacteria without destroying the white blood cells.

It has been said that penicillin was the destroyer research men had been looking for since the discovery of microbes.

In 1944 Alexander Fleming and Howard W. Heatley were knighted by King George VI. In 1945 they shared with Dr. Boris Chain, a coworker, the Nobel prize for medicine. Dr. Fleming died in March 1973.

Pasteur once said: "There is no such thing as an accident in scientific study," but Fleming's *accident,* the uncovered Petri dish, refutes Pasteur's statement. If Fleming had destroyed the uncovered culture, penicillin might never have been discovered. Thus millions now living and those who will live in future generations should pause in gratitude to Dr. Fleming for his *hesitation* before destroying the culture in a particular Petri dish. ◄

1624 N. Lyndhurst Dr., #11
Indianapolis 46224



For the treatment of impotence due to androgenic deficiency in the male.

DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Postpuberal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **HOW SUPPLIED:** 5, 10, 25 mg. In bottles of 60, 250.

Write for Literature and Samples BROWN THE BROWN PHARMACEUTICAL CO., INC. 2500 West 6th St., Los Angeles, CA 90057 REFER TO PDR

Proposal by HEW to Limit Costs for Prescription Drug Purchases under Medicare and Medicaid

In testimony before the Health Subcommittee of the Senate Labor and Public Welfare Committee on December 19, 1973, HEW Secretary Weinberger presented a proposal to limit reimbursement for prescription drugs under Medicare and Medicaid to the lowest price at which the drug is generally available. It is important that the proposal be carefully analyzed to determine whether, if adopted, it would: (1) achieve economies in these government programs; (2) interfere with the professional judgment of physicians and pharmacists; (3) assist or disadvantage program beneficiaries; and (4) encourage rather than discourage continued efforts by pharmaceutical companies to improve the quality of their products.

In making such an analysis, one must, of course, be mindful of the Department's interest in reducing the cost of drug purchases financed by federal funds, and agree that this is an important and legitimate goal.

The proposal of Secretary Weinberger is stated to be based on the premise that FDA is able to assure the quality of all marketed drugs and that all drug products on the market containing the same amount of the same active ingredients are therapeutically equivalent. This is a questionable set of assumptions, to say the least. It would appear instead that (1) all such drugs are not of equal quality; and (2) FDA is in no position today or in the foreseeable future to assure equivalency.

Given the large number of active manufacturers and marketed products and FDA's limited resources, the agency does not appear to be in a position to assure the quality and equivalency of all products on the market. The number of annual inspections FDA can make, and the number of firms inspected, is decreasing. Similarly, the number of drug recalls for safety, potency and other quality problems is persistently high.

Another factor of importance is the experience of other government agencies in drug procurement programs. It is reported that the Department of Defense rejects 42% of drug product samples submitted to it and that 45% of manufacturers' facilities inspected fail to meet DOD standards. And yet, these same manufacturers are still operating and producing for the general public the same drugs—ostensibly, at least—with the approval of the FDA.

It would seem that until FDA is in a position to assure the safety, effectiveness and equivalence of all drugs on the market, the necessary justification for limiting costs in the way the Secretary suggested does not exist. Presently available data with respect to inspections, recalls and the failure of many producers to submit to FDA any proof of chemical equivalency, bioavailability or therapeutic equivalency make it impossible to sustain claims with respect to FDA's current capabilities.

Physicians, pharmacists and the general public would agree that the government should not interfere with professional judgment in choosing a particular drug product and identifying a preferred source. In the last analysis, only the prescribing physician is in a position to know which drug products have performed satisfactorily for his patients. Under the December 19 proposal, this basic tenet would be violated. Further, in cases where the physician or the pharmacist determines that the patient will be better served by a product which costs more than the lowest priced product on the market, a serious question arises as to who would have to bear the additional cost. If the beneficiary is to be held responsible, the result would not be consistent with the principles of the Medicare and Medicaid programs.

The suggestion that reimbursement for a higher priced product would be permitted only if the doctor details his bases for selection and some government official or advisory committee accepts them would discourage physicians from exercising their own professional judgment. Direct or indirect pressure on the physician to prescribe and the pharmacist to dispense the lowest priced product would invariably result.

By regulating a preference for the lowest price source, the proposal would discourage competition in drug quality that has benefited patients by leading to improvements in product quality. It is important to consider the relationship between quality pharmaceuticals and source identification and to recognize the need to preserve meaningful incentives toward excellence in all aspects of pharmaceutical manufacture, control and distribution. The reputation of American medicines for excellence is unexcelled throughout the world, and is quite independent of the diverse regulatory environments in which these firms manufacture and market their products.

We are aware of no important nation in which the prescription of a product made by a firm whose reputation was painstakingly earned is not honored, on the ground that another firm's product may cost less. Careful thought should be given to any drug reimbursement program under which incentives toward excellence may be reduced. Any government program should encourage manufacturers to continue to conduct research and make expenditures directed to improving the reliability or performance of individual products. If the marketplace is not allowed to prefer the product of superior quality above some minimum standard, there will be no market incentive to ever do better than the standard.

For these reasons, it appears that the HEW December 19 proposal is inconsistent with the overriding principle of quality drugs and quality medical care and that it would fail to achieve the Secretary's goal of reducing reimbursement costs for prescription drugs for Medicare and Medicaid beneficiaries. ◄

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TAX TIPS

by LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professor Jegen urges the reader to consult the reader's lawyer before applying the data in this article to a particular fact situation.

During 1973, a most significant ruling was issued by the I.R.S. The ruling concerns the transfers of life insurance policies by an employee of a corporation to a pension retirement trust which has been established by the corporation for the benefit of the corporation's employees. See Rev. Rul. 73-338.

Prior to the ruling, many lawyers were uncertain as to the federal income tax consequences of such a transfer. However, other lawyers, who had discussed the problem with the I.R.S., were advising some of their clients to make such transfers, with, at least, some uneasiness. Now, the ruling provides a formal statement by the I.R.S., which statement may be relied upon, to a limited degree, in certain specific situations.

In my opinion, you should *not* make such a transfer, based upon this ruling, without an opinion from your lawyer that your situation is specifically within the scope of the ruling, and that, considering the *adverse* tax and non-tax consequences of the transfer, such a transfer would be beneficial to you and to your beneficiaries.

In brief, the ruling states that, under certain conditions, the life insurance proceeds which are paid by the retirement plan trustee to the beneficiary of an employee, are, to a certain extent, excludable from the beneficiary's gross income for income tax purposes.

If you were not aware of the problem before, then this holding will not excite you in quite the same way as it will other persons. That is, some corporate employees (who are also the major shareholders of their employer-corporations, which have been organized for the primary purpose of maintaining a corporate retirement plan) have wanted to have the retirement trustee pay the premiums on the employees' life insurance policies. These employees want to be insured, but are limited as to the amount of funds which they can use in order to purchase life insurance. Obviously, if the employees pay for their life insurance premiums themselves, the employees may not deduct the premiums, for income tax purposes. Thus, the employees would be paying the premiums with "after tax" dollars. Further, even if the corporation owned the life insurance policies and paid the premiums, the corporation generally may not deduct such payments. However, if the trustee of the retirement plan owned the life insurance policies and paid the premiums, then the corporation could be said to be deducting the premiums, indirectly, because the corporation may deduct its contributions to the retirement trust, which contributions are used in order to pay the premiums.

The difficulty, for many employees, with having the trustee pay the premiums is that many employees already own life insurance policies and they cannot afford to pay for life insurance both in their individual capacities and by giving up the funds in their corporate retirement plan accounts. Further, it is frequently economically unsound (or impossible, for health reasons) for an individual to terminate one life insurance policy in order to have another one issued (e.g., to the trustee) in its place. Thus, employees have wanted to have a way to transfer the life insurance policy, which they currently own, to the trustee of the retirement plan, without having any adverse tax consequences. And, Rev. Rul. 73-338 provides one route which an employee of a corporation may use in order to transfer the employee's presently owned life insurance policy to the trustee of his corporation's retirement plan. Basically, the route to follow is this:

1. Make certain that the qualified retirement pension plan, and the trust indenture which is authorized by the plan, permit the trustee to purchase, and to maintain, as lawful incidental death benefits, life insurance upon the lives of any corporate employees who are covered by the retirement plan, which policies may be either new policies or policies which are owned by such employees. Also, make certain that such documents require the trustee to collect the proceeds of such policies and to pay such proceeds to the person who is designated as the beneficiary of the proceeds by the employee (insured).
2. Next, execute an agreement among the employee, the employee-corporation, and the trustee in which the corporation agrees to purchase the policy's cash surrender value and to transfer the policy to the trustee as part of the corporation's required contribution under the plan, and in which the trustee agrees to pay the proceeds of the policy to such beneficiary.

If these conditions are met, then, the ruling states, the amount of the life insurance proceeds which exceed the cash surrender value of the policy, *at the time of the employee's death,* plus the amount of the cash surrender value which is attributable to the premiums paid by the *employee,* is excludable from the beneficiary's gross income. The remaining portion of the proceeds is includable in the gross income of the beneficiary. Further, while the em-

ployee does not have to continue paying the premiums in the future, as a general rule, the employee (insured) may be taxable, for income tax purposes, upon any premiums which are paid by the corporate employer, prior to the transfer of the policy to the trustee, and any premiums which are later paid by the trustee. See Regs. §1.72-16(a) and §1.61-2(d) (2) (ii) (a). However, the insured is able to receive the cash value of the insurance at once. Presumably, the ruling applies even though the employee is not a shareholder or officer of the corporation.

Now, before you make such a transfer, ask your lawyer to determine the following things.

1. Will it be better, economically, for the trustee to have, e.g., cash contributed to the trust rather than the life insurance policy?
2. Will the trustee be able to benefit you more by utilizing the trust funds for the purchase and maintenance of other types of investments than life insurance?
3. Is the possible income taxation of the premiums to you, as stated above, too costly to your family unit?
4. Is the income taxation, of some of the life insurance proceeds, to the beneficiary of the proceeds too costly to your family unit?
5. Is it possible for you to transfer a policy directly to the trustee (by-passing the corporation) with the same tax result?
6. Is the advantage of eliminating the insurance proceeds from your estate, for estate tax purposes, mitigated by the fact that your employee may also be able to eliminate the estate tax by a non-taxable gift of the policy to, e.g., the beneficiary?

In any event, many of the answers to these questions depend upon legal determinations—and these should be made by your lawyer. ◄

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rnings: Do not use dietary potassium supple- nts or potassium salts unless hypokalemia velops or dietary potassium intake is markedly paired. Enteric-coated potassium salts may se small bowel stenosis with or without eration. Hyperkalemia (>5.4 mEq/L) has en reported in 4% of patients under 60 years, 12% of patients over 60 years, and in less n 8% of patients overall. Rarely, cases have en associated with cardiac irregularities. cordingly, **check serum potassium during rapy, particularly in patients with suspected confirmed renal insufficiency (e.g., elderly or betics). If hyperkalemia develops, substitute hiazide alone. If spironolactone is used ncomitantly with 'Dyazide', check serum tassium frequently**—both can cause potassium ention and sometimes hyperkalemia. Two aths have been reported in patients on such mbined therapy (in one, recommended sage was exceeded; in the other, serum elec- lytes were not properly monitored). Observe tients on 'Dyazide' regularly for possible od dyscrasias, liver damage or other idio- ncratic reactions. Blood dyscrasias have been orted in patients receiving Dyrenium iamterene, SK&F). Rarely, leukopenia, rombocytopenia, agranulocytosis, and aplastic emia have been reported with the thiazides. atch for signs of impending coma in acutely cirrhotics. Thiazides are reported to cross the acental barrier and appear in breast milk. is may result in fetal or neonatal hyperbili- binemia, thrombocytopenia, altered carbo- drate metabolism and possibly other adverse actions that have occurred in the adult. When ed during pregnancy or in women who might ar children, weigh potential benefits against ssible hazards to fetus.

ecautions: Do periodic serum electrolyte and UN determinations. Do periodic hematologic udies in cirrhotics with splenomegaly. Anti- pertensive effects may be enhanced in post- mpathectomy patients. The following may cur: hyperuricemia and gout, reversible trogen retention, descreasing alkali reserve th possible metabolic acidosis, hyperglycemia d glycosuria (diabetic insulin requirements ay be altered), digitalis intoxication (in pokalemia). Use cautiously in surgical tients. Concomitant use with antihypertensive ents may result in an additive hypotensive fect.

dverse Reactions: Muzzle cramps, weakness, zziness, headache, dry mouth; anaphylaxis; sh, urticaria, photosensitivity, purpura, other rmatological conditions; nausea and vomiting ay indicate electrolyte imbalance), diarrhea, nstipation, other gastrointestinal distur- ances. Rarely, necrotizing vasculitis, pares- esias, icterus, pancreatitis, and xanthopsia ave occurred with thiazides alone.

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The Weight of Professional Opinion

It's time for action to defend the laws and regulations that protect your patients against drug substitution.

These professional and trade organizations are united in supporting antisubstitution statutes and regulations:

The American Academy of Dermatolog

The Board of Directors of the American Academy of Family Physicians

The Executive Board of the American Academy of Neurology

The Committee on Drugs of the American Academy of Pediatrics

The American College of Allergists

The Executive Committee of the American College of Obstetricians and Gynecologists

The Board of Regents of the American College of Physicians

The Board of Trustees of the American Dental Association

The Board of Trustees of the American Medical Association

The American Psychiatric Associatio

The Executive Committee of the National Association of Retail Druggists

The Board of Directors of the Pharmaceutical Manufacturers Association

The National Wholesale Druggists' Association



int Statement on Antisubstitution Laws and Regulations

The purpose of this statement is affirm the support of the participat- organizations for the laws, regula- ns and professional traditions which hibit the unauthorized substitution drug products.

Traditionally, physicians, den- ts and pharmacists have worked peratively to serve the best inter- s of patients. Productive coopera- n has been achieved through tual respect as well as a common ncern for the ideals of public vice. This mutual respect has been lected, in part, by joint support er the years for the adoption and forcement of laws and regulations ecifically prohibiting unauthorized bstitution and encouraging joint scussion and selection of the urce of supply of drug products. e basic principles of medical, den- and pharmacy practice are thus lized and preserved in the interest patient welfare.

The antisubstitution laws have t obstructed enhancement of the ofessional status of pharmacy any re than they have in and of them- lves guaranteed absolute protec- n from unsafe drugs, or freed ysicians, dentists and pharmacists m their responsibilities to patients. a practical matter, however, such ws and regulations encourage inter- ofessional communications regard- g drug product selection and assure ch profession the opportunity to ercise fully its expertise in drug age, to the advantage of patients.

Physicians and dentists should urged to increase the frequency d regularity of their contacts with armacists in selection of quality ug products, recognizing that economies to patients can be improved through such communication, taking into account the patients' needs. The pharmacist's knowledge of the chemical characteristics of drugs, their mode of action, toxic properties and other characteristics that assist in making drug selection decisions should be utilized to the fullest extent practicable by physicians and dentists in serving their patients.

Since drug product selection entails knowledge derived from clinical experience, the physician's and dentist's roles in product selection remain primary and do not permit delegation of decisions requiring medical and dental judgments. A broader role in therapy will evolve for pharmacists as improved understanding and cooperation among the professions continue to grow.

There has been no evidence that there are convincing reasons to modify or repeal existing laws and regulations prohibiting the unauthorized substitution of another drug product for the one specified by a prescriber. It is our belief that such laws and regulations merit the joint support of the medical, dental and pharmaceutical professions and the pharmaceutical industry.

Add your opinion to the weight of other professionals and send it to your state assemblyman or legislator.

Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W., Washington, D. C. 20005

P·M·A



Placidyl®
(ETHCHLORVYNOL)
Brief Summary

Indications—Placidyl (ethchlorvynol) is indicated as short-term hypnotic therapy in the management of insomnia.

Contraindications—Drug hypersensitivity and porphyria.

Warnings—Not recommended during the first and second trimester of pregnancy. Caution patients of possible combined exaggerated effects with alcohol, barbiturates, tranquilizers or other CNS depressants. Exaggerated effects might result in blurring of vision, paralysis of accommodation and profound hypnosis. Caution patients concerning driving a motor vehicle, operating machinery, or other hazardous operations requiring alertness after taking the drug. Administer with caution to patients with suicidal tendencies and do not prescribe large quantities of the drug. Adjustment of the dosage of oral anticoagulants might be necessary when beginning ethchlorvynol therapy, during therapy, or after stopping therapy. This drug is not recommended for use in children. PLACIDYL HAS THE POTENTIAL FOR THE DEVELOPMENT OF PSYCHOLOGICAL AND PHYSICAL DEPENDENCE. INSTANCES OF SEVERE WITHDRAWAL SYMPTOMS, INCLUDING CONVULSIONS AND DELIRIUM CLINICALLY SIMILAR TO THOSE SEEN WITH BARBITURATES, HAVE BEEN REPORTED IN PATIENTS TAKING REGULAR DOSES AS LOW AS 1000 MG. PER DAY OVER A PERIOD OF TIME WHEN THE DRUG WAS SUDDENLY DISCONTINUED. PROLONGED ADMINISTRATION OF THE DRUG IS NOT RECOMMENDED. Addiction-prone patients or those who are likely to increase dosages of the drug on their own initiative should be observed for evidence of signs or symptoms which may indicate possible early withdrawal or abstinence symptoms. Signs and symptoms associated with withdrawal and abstinence include unusual anxiety, tremor, ataxia, slurring of speech, memory loss, perceptual distortions, irritability, agitation and delirium. Other less well defined signs and symptoms, not necessarily due to withdrawal and abstinence, may include anorexia, nausea or vomiting, weakness, dizziness, sweating, muscle twitching and weight loss. Abrupt discontinuance of Placidyl following prolonged overdosage may result in convulsions and delirium.

Precautions—Toxic amblyopia has been reported with long-term continuous use of ethchlorvynol. Permanent visual defects have been observed, although amblyopia has improved after discontinuation of the drug. Drug dosage should be limited for elderly and debilitated patients to the smallest effective amount. If pain is present, this drug should only be given if insomnia persists after pain is controlled with analgesics. Caution is advised in prescribing the drug for patients who are being treated with either MAO inhibitors or antidepressants. Transient delirium has been reported with the combination of Placidyl and amitryptyline. Drug dosage should be reduced if prescribed for patients receiving MAO inhibitors or antidepressants. Caution should be exercised in patients with impaired hepatic or renal function. Patients who respond unpredictably to barbiturates or alcohol, or who exhibit excitement and release of inhibition in association with such agents, may also react in this way to Placidyl. Rarely, patients may exhibit symptoms suggestive of an unusual susceptibility to the drug; such as prolonged hypnosis, profound muscular weakness, excitement, hysteria, or syncope without marked hypotension. Transient giddiness or ataxia may occur.

Adverse Reactions—Hypotension, nausea or vomiting, gastric upset, aftertaste, blurring of vision, dizziness, facial numbness, and allergic reaction typified by urticaria have been reported following Placidyl administration. Mild "hangover" and symptoms of mild excitation have occurred in some patients. There have been rare reports of cholestatic jaundice occurring in patients taking ethchlorvynol. A few cases of thrombocytopenia have been reported in patients receiving ethchlorvynol. 302430R

Give us her nights.

Prescribe Placidyl. Chances are, we'll give her a good night's sleep.

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(ETHCHLORVYNOL CAPSULES, 500 or 750 mg.)

C IV



ABSTRACTS, BOOK REVIEWS

CARDIOVASCULAR DISEASES: GUIDELINES FOR PREVENTION AND CARE

I. Wright and D. Fredrickson, editors, U.S. Department of Health, Education, and Welfare, Washington, D.C.; $6.95.

This book will prove of interest to those involved in planning and evaluating health services. This hard-cover text presents criteria for the best use of community resources in the prevention and diagnosis of cardiovascular disease and for treatment and rehabilitation of patients. The book consists of reports of the Inter-Society Commission for Heart Disease Resources and is edited by Irving S. Wright, M.D., national chairman, and Donald T. Fredrickson, M.D., project director. Some 200 distinguished clinicians and investigators in the field of cardiovascular medicine contributed to the volume. Physicians particularly interested in the community aspects of prevention and care in the area of cardiovascular diseases will find this volume of great interest.

It is for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, Stock Number 1727-00035, for $6.95. The book incorporates numerous tables and bar charts and is provided with an adequate index.

W. D. SNIVELY, JR., M.D.
Evansville

CURRENT MEDICAL DIAGNOSIS AND TREATMENT

Marcus A. Krupp and Milton J. Chatton, Lange Medical Publications, Los Altos, Calif.; 1974.

Lange Medical Publications has scored again! *Current Medical Diagnosis and Treatment,* published in 1974, is a product of physicians of the West Coast, for the most part the Bay area. Not designed for use as a textbook of medicine, the volume should perform yeoman service to the practicing physician, making available to him in a desk reference widely accepted techniques currently available for medical diagnosis and treatment. Wide acceptance of this volume's predecessor, first appearing in 1962, has assured its publication in Spanish, Italian, Romanian, Serbo-Croatian, Portugese and German.

The common sense approach to diagnosis and treatment so evident throughout the book is nicely summarized on the dedication page by a quote from Sir Robert Hutchinson: "From inability to let well alone; from too much zeal for the new and contempt for what is old; from putting knowledge before wisdom, Science before Art and cleverness before common sense; from treating patients as cases, from making the cure of the disease more grievous than the endurance of the same, Good Lord deliver us."

The book takes a systematic approach, covering, first of all, general symptoms. Fever, pain, systemic allergic reactions and shock are splendidly covered. The text runs the gamut of body systems and then delves into the specific pathophysiologic processes involved in the cause of disease, to wit: infection, malnutrition, physical and chemical agents, hereditary factors, neoplasia, and immunologic disorders. The writing style is, in general, lucid. Illustrations consist of charts, diagrams, tables and graphs. Perhaps more illustrations would further improve this excellent text. The appendix presents useful information covering a wide variety of topics, e.g., medical recommendations for foreign travel, immunization and skin testing of children, chemical constituents of blood and body fluids, conversion tables, nomograms for determining body surface area, that all too frequently neglected topic, translation of abbreviations, and, finally, a well-illustrated approach to heart-lung resuscitation.

The book's index is unusually good, covering as it does some 33 pages. The book has a flexible plastic cover. The price was not provided with the review copy; however, if it is like most Lange Medical Publications products, it will prove an outstanding bargain.

W. D. SNIVELY, JR., M.D.
Evansville

THE DOMINANT FOCUS— ELECTROPHYSIOLOGICAL INVESTIGATIONS

Translated from the Russian of V. S. Rusinov by Basil Heigh, edited by Robert W. Doty, Plenum Publishing Co., New York; 1973; 220 pages; $32.50.

While I'm an internist, several neurological TEXTS have crossed my desk in the last several years. I just might mention "Biological Rhythms in Psychiatry and Medicine" (*JISMA* Sept. 1971) and "Biology of Memory"—also published by the Plenum Press (*JISMA,* Jan. 1972). Also, as a member of the FASEB Translation Board (until it was disbanded in 1966), we had access to a vast amount of foreign literature in our efforts to make speedy translations available to our American colleagues. It was a real pity to have that endeavor close shop for reasons I still do not understand.

Dr. Robert Doty was a member of this group and I learned to have respect for his judgment and acumen. This was one of the reasons I picked up this present volume with a great deal of anticipation. The translation is excellent but the contents were more than a little disappointing. At first, I was dumbfounded; then, I had the bright idea of looking at the dates of publication. The Russian monograph was finished in 1969. A careful perusal of the bibliography told me that the references went back to the fifties—and earlier—. There was a mere handful of papers quoted after 1960! By the way, "Beritov" is really the Georgian Beritashvili whom I had met at several congresses and (if still alive) must be in his nineties.

And the reason for my disappointment came through loud and clear. This monograph—excellent though it may be—is just about a whole decade out of date! Science is international and it is a great pity to have these unconscionable delays while the world is moving on. Just recently I mentioned this very thing in a review of a translation from the Japanese (*JISMA,* Jan. 1974) on *Molecular Mechanisms of Enzyme Action.* Why not have Professor Doty not be unduly modest and really update this Russian monograph? Better yet: why not re-institute the defunct Translation Board of FASEB? It would revitalize so much that is really needed!

ARNOLD LIEBERMAN, M.D.
New York City

CONTROVERSY IN INTERNAL MEDICINE

Ingelfinger-Ebert-Finland-Relman, W. B. Saunders Co., Philadelphia, 1974. 830 pages.

Nigh threescore assorted luminaries aided in the compilation of the text of this second edition of a most meritorious and quite original teaching concept (see *JISMA*, Feb. 1967, page 219). Although almost 200 pages longer, the thinner paper has kept the sizes of the volumes all but identical.

In this edition—as in the first—we have the spectacle of first one individual presenting his concept of the stated topic, then a second author contradicting the first one and—finally—still a third authority trying to give balance to the argument and reconcile the views as much as possible. The results are challenging and thought-provoking!

Some of the efforts seem—to me, at least—downright skimpy. To present Atherosclerosis and Diet in less than a single page, well, that is really just summarizing. On page 85 there is an excellent article on Multiphasic Testing as a Triage to Medical Care by M. F. Collen. It is pithy, concise and very much to the point.

The discussion on Halothane Hepatitis starting on page 565 is my idea of what this volume in all about. Dr. Fenton Schaffner presents his ideas in some 10 pages plus over 100 references. Then, the King's College group proceeds to challenge the very concept of such an entity, taking a dozen pages with some 64 appended references. Finally, there is Comment by Dr. J. F. Bunker, where he balances one view against the other in a mere three pages! The reader cannot help but be both instructed and entertained.

The binding, paper and printing are up to par; the typographical errors are few and quite insignificant. All in all, a significant addition to just about EVERYONE'S library.

ARNOLD LIEBERMAN, M.D.
New York City

LAW AND ETHICS OF A.I.D. (ARTIFICIAL INSEMINATION DONOR) AND EMBYRO TRANSFER

G.E.W. Wolstenholme and David W. Fitzsimons, editors, Ciba Foundation Symposium #17, Elsevier and Excerpta Medica, 1973; 110 pages; $9.50.

A score or so of leading legal and medico-forensic specialists examine in real depth a topic that should be fascinating reading to us all. The legal, psychological and social problems presented are discussed incisively by the successive speakers. It is news to me that the legal status of children so conceived is not absolutely certain in either the United Kingdom or the USA. *Therefore*: there is no official record made of the procedure! The estimate for the USA is of over 100,000 such births in the last decade or so. Of course, the doctor bears a heavy responsibility in making his choice of the necessarily anonymous donor.

On page 19, Prof. Massimo Piattelli-Palmarini of Paris, makes a statement I've heard before but never seen put so bluntly. He quotes Francois Jacob as saying: "Life never really starts; life continues and a fertilized egg is no more alive than a spermatozoon or an *un*fertilized egg . . . The very concept of a 'potential human being' is questionable." Well! This, indeed, challenges the very basis of most theologies of which I've heard.

I could go on and on, but I hope I've aroused your curiosity sufficiently to have you pick up this booklet and leaf your way through its unorthodox pages!

ARNOLD LIEBERMAN, M.D.
New York City

ARTHRITIS AND ALLIED CONDITIONS

J. L. Hollander, editor, with Daniel J. McCarty, Jr., assistant editor, eighth edition, Lea and Febiger, Philadelphia, 1972; 902 illustrations; 1,593 pages; $37.50.

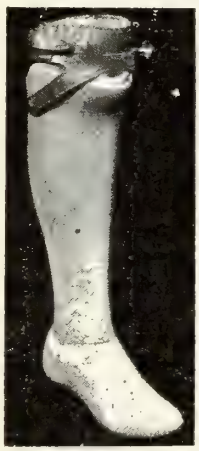
This present edition keeps the preeminent position occupied by this textbook ever since its appearance *before* WW II. Ten sections, total re-arrangement of many chapters, addition of no less than 200-plus new illustrations, 250 more pages than in the 7th edition (see *JISMA*, April 1967, p. 491)—I can only marvel at the ability of the publishers at maintaining the familiar format and keeping the sheer bulk of the book down to previous levels. The very mechanics of this intrigues me!

The section editors had the aid of nigh three score younger and upcoming colleagues in rewriting (and adding new) chapters. I cannot cavil the results. Just about *anyone*, from the frosh student to the distinguished head of the department—general practitioners and the super-specialists—can take this monograph and find the answer to his immediate problem!

The binding, printing and paper are superb. I failed to see any typos. Congratulations all around!

ARNOLD LIEBERMAN, M.D.
New York City

Continued



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Built to individual measurements, HANGER's Patellar-Tendon Bearing Limb closely approaches a natural, life-like appearance, and allows the wearer to achieve a more natural gait pattern. Each prosthesis is fabricated primarily of plastics and synthetic rubber for the safety and comfort of the amputee, and allows him to carry on normal activities. The elimination of the thigh corset and the metal knee joints increases neatness and the comfort of the wearer.

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(One of a series of ads being run in key Hoosier newspapers)

ATLAS OF ABDOMINAL SURGERY

Philippe Detrie, translated from the French edition of 1969 by Richard Pryer, F.R.C.S., University Park Press, Baltimore, 1973; 173 colored photographs; $24.50.

Atlases and anatomy textbooks usually present the various structures *after* there has been a meticulous dissection of the overlying fascia and other obscuring features. The photographs here show the *real* appearance as the surgeon actually sees them! No wonder Dr. Detrie specially thanks Mme. J. Talamon for her matchless use of the photographic lenses!

The first operation discussed is Abdominal Vagotomy with Pyloroplasty. This made me almost nostalgic as—several decades ago—I had helped with the dog surgery as the operation was being developed at the University of Chicago Physiological Laboratory! The photographs are well-nigh perfect in displaying the rather complicated anatomical relationships.

As I leafed my way through the rest of this slim volume, it was quite evident that the other procedures were being described with similar matchless clarity with just enough comment to guide the aspiring surgeon.

The paper, binding and typing are superb. This volume is a MUST for every hospital library. Most surgeons—no matter how skilled in their art—will want it for their personal shelves. Congratulations all around!

ARNOLD LIEBERMAN, M.D.
New York City

Abstracts from Various Literature, Prepared by AMA

TREATMENT OF MALE URETHRAL GONORRHEA WITH SPECTINOMYCIN HYDROCHLORIDE (TROBICIN)

F. L. C. TUZA et al. (Div. of Epidemiology, Health Commission of New South Wales, Sydney, Australia)
Med. J. Aust. 2:1090-1091 (Dec. 15) 1973.

One hundred twenty-four male patients with acute uncomplicated urethral gonorrhea were given 2 gm spectinomycin hydrochloride (base equivalent) intramuscularly in one dose and all but four patients (3.5%) responded to this treatment. In patients who are allergic to penicillin, spectinomycin is a very good alternative, especially in patients who may not return for a follow-up examination.

DISINFECTION OF IMMERSION TANKS (HUBBARD) IN HOSPITAL BURN UNIT

A. G. Turner et al. (Univ. of North Carolina School of Public Health, Chapel Hill 27514)
Arch. Environ. Health 28:101-104 (Feb.) 1974.

The immersion tank used in the treatment of burn patients is one potential source of exogenous nosocomial bacteria. Bacteriologic monitoring of a Hubbard tank used for burn patients demonstrated that manual scrubbing with a detergent-disinfectant is the most critical step in the cleaning procedure. Subsequent disinfection with sodium hypochlorite did not substantially reduce bacterial counts on tank surfaces or in the water prepared for a new patient. The bacteriologic monitoring protocol used in this study is recommended as a model for the surveillance of bacterial contamination of hydrotherapy pools and tanks.

ENOVID THERAPY (NORETHYNODREL WITH MESTRANOL) FOR FIBROCYSTIC DISEASE

I. M. Ariel (Pack Medical Group, 139 E 36th St., New York 10016)
Am. J. Obstet. Gynecol. 117:453-459 (Oct. 15) 1973.

The results of norethynodrel with mestranol (Envoid) therapy for women suffering from symptoms due to fibrocystic disease of the breast were evaluated. The patients ranged in age from 16 to 69 years, and in practically every instance, the disease involved both breasts. The average dose was 5 mg of Enovid three times a day, and in some instances with patients who had severe symptoms, the dose was 10 mg a day, three times a day. Objective remissions were observed in 76 of 110 patients and the response was considered excellent in 54 patients. Sixty-eight of the patients enjoyed some subjective response, and in 53 of the patients, the response was considered excellent. No effect of the Envoid therapy could be noted upon histologic study of the nodule. Complications were minimal; the most frequent one was weight gain, which could be treated by the administration of a diuretic agent.

TREATMENT OF BILATERAL HYPERNEPHROMAS BY NEPHRECTOMY, EXCISION OF TUMOR, AND AUTOTRANSPLANTATION

R. Y. Calne (Univ. of Cambridge, Addenbrooke's Hosp., Cambridge, England)
Lancet 2:1164-1167 (Nov. 24) 1973.

Three cases of bilateral hypernephroma were treated by nephrectomy, excision of the tumor, and autotransplantation. In two patients, one kidney was autotransplanted. In the third patient, the remnants of both kidneys were autotransplanted after removal of the growths. All three patients were doing well when last seen at 28, 14, and 8 months after the operation.

INFLUENCE OF ACETYLSALICYLIC ACID, INHIBITOR OF PROSTAGLANDIN SYNTHESIS, ON DURATION OF HUMAN GESTATION AND LABOR

R. B. Lewis and J. D. Schulman (New York Hosp.-Cornell Medical Center, New York 10021)
Lancet 2:1159-1161 (Nov. 24) 1973.

A retrospective survey of 103 patients taking high-dose acetylsalicylic acid for at least the last six months of pregnancy was carried out and comparisons made with control populations. Aspirin administration was associated with a highly substantial increase in the average length of gestation, in the frequency of postmaturity, and in the mean duration of spontaneous labor. These observations are compatible with the known capacity of aspirin to inhibit the synthesis of prostaglandins, and suggest that endogenous prostaglandins are important regulators of the duration of human gestation and labor. Aberrations in prostaglandin metabolism could be responsible for certain instances of postmaturity or prolonged labor.

FUTURE MEETINGS, SEMINARS, COURSES

Cincinnati Hosts Diabetes Symposium

The Seventh Postgraduate Symposium on Diabetes to be presented by the Diabetes Association of the Cincinnati Area and the Department of Continuing Medical Education, University of Cincinnati Medical Center, will be held on April 18.

Speakers include Dr. John A. Galloway, senior physician, Lilly Laboratory for Clinical Research, and director of the Diabetes Clinic, Marion County General Hospital, whose topic is "The Nature and Advantages of the New Forms of Insulin." Others scheduled to speak are: Dr. Buris R. Boshell, Birmingham, Ala.; Dr. Roger H. Unger, Dallas; Dr. Arnold Lazarow, Minneapolis and Marvin E. Levin, St. Louis.

Further information may be obtained by contacting Mrs. Harold Robbins, 2400 Reading Road, Cincinnati 45202; (513) 721-2905.

Gastrointestinal Radiology Program Set for April 24-26 at Indianapolis

On April 24-26, the Division of Postgraduate Medical Education of Indiana University School of Medicine will host "Gastrointestinal Radiology—Current Concepts." Guest faculty will include Dr. H. Joachim Burhenne, University of California; Dr. Harley Carlson, Mayo Clinic; Dr. Arthur Clemett, New York University; Dr. Vijay Gohel, Thomas Jefferson University; Dr. Heizaburo Ichikawa, National Cancer Center, Tokyo, Japan; Dr. Morton Meyers, Cornell University; Dr. Stewart Reuter, University of Michigan; and Dr. Bernard Wolf, Mount Sinai School of Medicine.

The course will review current concepts in modern radiologic gastrointestinal examinations, including double contrast examination of the stomach and use of pharmacologic aids. This course is directed to radiologists, gastroenterologists and those interested in gastrointestinal disease. Fee $125.00.

The site will be Myers Auditorium in Marion County General Hospital, Indianapolis.

Inquiries should be directed to: Mr. John L. Roscoe, School of Medicine, 1100 W. Michigan St., Indianapolis 46202; Telephone 317-264-8353.

ACS Committee on Trauma, Cincinnati College of Medicine Announce Seminar

A seminar of continuing education for physicians will be conducted at the Shriners' Burn Institute in Cincinnati on May 8 to 10. It is sponsored by the ACS Committee on Trauma and Cincinnati College of Medicine. Registration is limited to 160. The fee is $75, which includes a copy of the book "Early Care of the Injured Patient." The theme of the seminar is to be "Life-Saving Measures for the Critically Injured." Write to Dr. William Altemeir, Cincinnati General Hospital, 45229.

Indiana Chapter, ACEP, Announces "Indy 500" Scientific Conference

The Indiana Chapter of the American College of Emergency Physicians announces its "Indy 500" Spring Scientific Conference for May 9-11 at the Airport Holiday Inn, Indianapolis.

For further information, contact H. C. Bock, M.D., 3840 Knollton Road, Indianapolis 46208.

Wisconsin Medical College Announces Seminar on Clinical Immunobiology

The Medical College of Wisconsin department of surgery will conduct a two-day seminar on "Clinical Immunobiology for Practicing Physicians and Surgeons" on May 10 and 11 at the Pfister Hotel, Milwaukee. The course is approved for 14 hours of prescribed credit by the AAFP. For full information write Office of Continuing Education, 561 N. 15th St., Milwaukee 53233.

Colorado Offers Four Summer Courses

The University of Colorado School of Medicine offers four summer courses for the family physician. Family Practice Review June 10 to 15, Internal Medicine July 15 to 19, Pediatrics July 28 to 31 and Perinatal Medicine August 12 to 16. Write The Office of Postgraduate Medical Education, 4200 E. Ninth Ave., Denver 80220 for complete details of location of courses, fees and registration information.

ANNOUNCEMENT

Senior students of the Physician Assistant Program of Indiana University School of Medicine are available for preceptorship with primary care physicians beginning May 1, 1974.

Interested physicians should contact Frederic L. Schoen, M.D., Indiana University, 2101 Coliseum Blvd., Fort Wayne 46805.

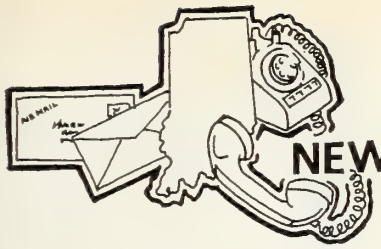
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NEWS NOTES

New Medical Staff Officers Named

Dr. William N. Horst, Crown Point, has been elected the first president of the medical staff of the new St. Anthony Medical Center hospital at Crown Point, and **Dr. Mary D. Carroll, Crown Point,** has been chosen president-elect. **Dr. Arthur J. Beckman, Crown Point,** is secretary, and Dr. Robert J. Miles, Portage, treasurer.

Dr. Herbert Ufkes, North Judson, has been elected chief of the Starke Memorial Hospital Medical Staff for 1974. Other officers elected at the annual meeting were: **Dr. Robert J. Goode,** vice chief of staff and chairman of the department of medicine, **Dr. Howard J. Henry**, chairman of the department of surgery; **Dr. Ufkes,** chairman of the department of obstetrics, and **Dr. Earl R. Leinbach,** chairman of emergency room and the department of anesthesia.

Dr. William Stilwell, Richmond, is serving as chief of staff at the Reid Memorial Hospital, and the following are serving as section chiefs: **Dr. George Johnson, surgery; Dr. James Lewis, medicine; Dr. Dan Hibner, family practice; Dr. Joseph Zore, pediatrics; Dr. George Porter, obstetrics; Dr. John Spellmeyer, radiology; Dr. John Short, anesthesiology, and Dr. John Stephleton, pathology.**

Veterans Administration Sets Up CHAMPVA Program

The Veterans Administration program, CHAMPVA, applies to widows and children of veterans who died of service connected disability after leaving military service and to dependents of veterans who have service connected total and permanent disabilities. Care under the program is provided at VA expense at non-VA hospitals. Notices of eligibility or potential eligibility are now being prepared and identification cards will be issued by VA hospitals and outpatient clinics.

Pediatric "Red Book" in 17th Edition

The pediatric RED BOOK, the *Report of the Committee on Infectious Diseases* has been released by the American Academy of Pediatrics. This is the 17th edition. It has long been considered the standard reference on diagnosis, treatment and prevention of infectious diseases in North and South America. Nonmembers may order a copy by writing the AAP, Dept. P, P.O. Box 1034, Evanston, Ill. 60204. The price is $3.00 per copy.

Medical Assistants to Meet April 26

The American Association of Medical Assistants, Inc., Indiana Society, will hold its eighteenth State Convention April 26 and 27, 1974, at the Nashville Ramada Inn.

The convention program will feature continuing education workshops on pediatrics, venereal disease and rubella in pregnancy. Mrs. Jeanne Green, AAMA Trustee, will speak on "The Medical Assistant's Role in the Community."

Mrs. Neva Y. Arnold, R.N., C.M.A., Indianapolis, will preside.

All Indiana medical assistants are encouraged to attend this meeting to take advantage of the "knowledge transfusion" available there and to better prepare for their active part in the "challenge of responsibility" which embraces each member of the medical team.

Elected Children's Museum Trustee

Dr. George H. Rawls, Indianapolis, has been elected to the Board of Trustees of the Children's Museum of Indianapolis.

Ob-Gyn Society Elects

Dr. Gordon C. Cook, South Bend, has been elected president of the Indiana Obstetrical and Gynecological Society. **Dr. Charles R. Echt, Indianapolis,** will serve as vice-president, while **Dr. Charles R. Thomas, Indianapolis,** will serve as secretary-treasurer.

Film for Children Explains Food Values and Vitamins

"Of Peanuts, Protein and Pachyderms" is a 13-1/2, 16 mm color film that describes the nutritional value of foods for children in a format they can understand. Presented by Best Foods Division, CPC International, Inc., it is available on a free-loan basis from Association-Sterling Films, 866 Third Avenue, New York, N.Y. 10022.

State Board Appointments Made

Governor Otis Bowen has announced a number of appointments to state boards:

Radiation Control Advisory Commission: **Dr. William E. Province, Franklin** (reappointed to a four-year term).

Medical Advisory Commission on Driver Licensure: **Dr. William Ruoff, New Albany; Dr. Martin Feferman, South Bend; Dr. Albert M. Donato, Indianapolis, and Dr. Richard C. Stauffer, Fort Wayne.** Reappointed were **Dr. Lowell J. Hillis, Logansport, and Dr. Thomas W. Johnson, Indianapolis.**

New Film Offered by Bausch & Lomb

Bausch & Lomb announces a new movie, a 26-minute color film "The Incredible Seeing Machine." The film examines in lay terms the complexities of vision and stresses the importance of proper eye care. It is suitable for teenage and adult audiences and for health care students. Contact Public Relations Department, SOFLENS Division, Bausch & Lomb, 635 St. Paul St., Rochester, N.Y. 14602.

Dr. Carroll Hyde Retires

Dr. Carroll C. Hyde, South Bend, who retired February 1, says he had 56 "enjoyable" years as a physician, 53 of which were spent in practice at the South Bend Clinic. Church work, Scouting and fishing have been his chief hobbies and he says he hopes to "find something enjoyable and useful" to occupy his time in retirement. Dr. Hyde and his wife, Ruth, were honored at a dinner in the Indiana Club at South Bend on February 20.

Continued

Continued

National Antibiotic Therapy Test Scheduled for April 10 on WAT 21

"The National Antibiotic Therapy Test," designed as a self-assessment and learning experience in the proper use of antibiotics, will be given through the facilities of WAT 21 Medical Television at 26 locations Wednesday, April 10, at 12 Noon.

Developed and produced by the Network for Continuing Medical Education (NCME) with the support of Roche Laboratories, this special television program and printed test material will be available to physicians at Indiana hospitals on the WAT 21 Medical Television Network at no cost.

This Continuing Medical Education project is acceptable for credit on an hour-for-hour basis in Category 1 for The Physician's Recognition Award of the AMA. This program is acceptable for one hour of prescribed credit by the American Academy of Family Physicians.

Hoosier Physicians Honored For Wide Variety of Reasons

Activities and interests of Indiana physicians vary widely, as evidenced by the citations for service above and beyond the call of duty recently awarded a number of ISMA members.

Dr. Anthony S. Ridolfo, Indianapolis, received the National Arthritis Foundation's Volunteer Service Citation for 1973.

Drs. Olin K. Wiland, Glen Ward Lee and Glen Ramsdell, all of Richmond, were honored at the annual dinner meeting of the Reid Memorial Hospital board and medical staff department heads.

Dr. Frank E. Mead, LaPorte, has been notified that he has been selected for inclusion in the 1974 edition of Who's Who in Indiana. He is a Senior Member of the ISMA.

Dr. K. R. Manning, Indianapolis, medical director of Crossroads Rehabilitation Center, was honored for 25 years of service to the organization at the Center's 37th annual meeting.

Dr. James W. Asher, Zionsville, was recently honored by the Hoosier Village Retirement Center for his 15 years of dedication and service to the residents of the retirement center.

Dr. Renate Justin, Terre Haute, was presented with a Margaret Sanger Award by the Planned Parenthood Association of Vigo County recently. She served as the first president of the association and currently serves as medical director for the agency.

A delegation of Lapel citizens attended a recent meeting of the board of the Anderson-Anderson-Stony Creek library district to request formally that the Lapel branch library be named in honor of **Dr. John I. Rinne,** longtime Lapel physician who died in 1972.

At a recent meeting at Crawfordsville, **Dr. Mahlon G. Frasch, Lafayette,** was cited for 40 years' membership on the board of directors of First Federal Savings and Loan Association and awarded a certificate of recognition for his contributions to the savings and loan field.

Drs. Frank P. Lloyd and Robert Briggs, Indianapolis, were honored at a February meeting of the Southern Christian Leadership Conference for "outstanding work in the medical profession and service beyond the field of medicine" in Indianapolis.

Twenty-two Indiana physicians were honored on the floor of Congress recently during a speech by Rep. Thomas E. Morgan (D-Pa.). The names of the 774 American volunteer physicians who served a two-month tour of duty in Vietnam between 1965 and June 30, 1973, were read into the Congressional Record, including 22 from Indiana who completed 31 tours.

Dr. Charles Fisch, Indianapolis, was elected president-elect of the 5,800 member American College of Cardiology at the organization's 23rd Annual Scientific Session. He will take office in 1975.

Two Indiana physicians have recently been elected to offices in the East Central Region of the American Association for Clinical Immunology and Allergy. **Dr. Irvin Caplin, Indianapolis,** was elected president, and **Dr. Beaufort A. Spencer, Bloomington,** vice president.

Many Receive Awards

Dr. Charles H. Rushmore, Indianapolis, medical director of the Indiana Bell Telephone Company, received the award of the Indiana Division of the American Cancer Society for outstanding volunteer effort. The award is one of 10 to be given nationally. Dr. Rushmore served as chairman of the society's recent fund-raising telethon.

The Hagerstown Jaycees recently named **Dr. William A. Miller,** who has served the community since 1928, recipient of their Distinguished Service Award for "outstanding service to the community." A Senior Member of the ISMA, Dr. Miller was graduated from Indiana University Medical School in 1927 and completed his internship at Indianapolis Methodist Hospital before locating in Hagerstown April 1, 1928.

Plaques were presented to **Drs. V. A. Shanklin and W. C. Kunkler, Terre Haute,** at a recent meeting of the medical staff of St. Anthony Hospital. They were honored for their long years of service in the Terre Haute community. **Dr. Wayne A. Crockett,** medical staff president, made the presentations.

Dr. Merritt O. Alcorn, Madison, was named the winner of the 1974 Community Service Award by the Greater Madison Chamber of Commerce.

"Tree Farmer of the Year" was the honorary title bestowed upon **Dr. Clarence C. Atkins, Rushville,** at the annual awards banquet of the Indiana Hardwood Lumbermen's Association recently. Dr. Atkins, a Senior Member of the Indiana State Medical Association who retired in December after more than 50 years of medicine, received a handsome plaque and a chain saw. The awards were in recognition of an outstanding management program on the Atkins' 116-acre tree farm in Decatur County.

Dr. David H. Brewer, Columbus, received the Sertoma "Service to Mankind" award at the club's annual Freedom Week banquet in February. In addition to citing his donations of time and talent to local community programs for young people, mention was made of his service in pastoral work while attending Asbury Theological Seminary and before attending medical school, and his service in Medical Mission work in Nigeria, New Mexico and Haiti.

College of Surgeons to Hold Annual Meeting at Evansville

The American College of Surgeons, Indiana Chapter, will hold its annual meeting May 9 and 10 at the Executive Inn, Evansville.

Continued

Maybe the patient's self-diagnosis is right. He could have hay fever. But that bright red nasal mucosa, along with the thick discharge and excoriation around the nares, strongly suggests that the main problem is a cold. Hay fever or another form of allergic rhinitis may or may not be an underlying factor.

If a complete history and examination rule out allergic rhinitis, the long-term outlook will be a lot more favorable than his own "diagnosis" would have indicated.

But right now, whether he's got allergic rhinitis or a cold, he's suffering from the same irritating symptoms of drip, congestion and stuffiness. Try DIMETAPP EXTENTABS®. They're formulated to relieve these symptoms without much chance of causing drowsiness or overstimulation. Your patients will appreciate the 24-hour relief they can get from just one tablet every 12 hours.

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Whether it's a cold or an allergy, Dimetapp Extentabs® effectively relieve stuffiness, drip and congestion.

INDICATIONS: Dimetapp Extentabs are indicated for symptomatic relief of allergic manifestations of upper respiratory illnesses, such as the common cold, seasonal allergies, sinusitis, rhinitis, conjunctivitis and otitis. In these cases it quickly reduces inflammatory edema, nasal congestion and excessive upper respiratory secretions, thereby affording relief from nasal stuffiness and postnasal drip.
CONTRAINDICATIONS: Hypersensitivity to antihistamines of the same chemical class. Dimetapp Extentabs are contraindicated during pregnancy and in children under 12 years of age. Because of its drying and thickening effect on the lower respiratory secretions, Dimetapp is not recommended in the treatment of bronchial asthma. Also, Dimetapp Extentabs are contraindicated in concurrent MAO inhibitor therapy.
WARNINGS: *Use in children:* In infants and children particularly, antihistamines in overdosage may produce convulsions and death.
PRECAUTIONS: Administer with care to patients with cardiac or peripheral vascular diseases or hypertension. Until the patient's response has been determined, he should be cautioned against engaging in operations requiring alertness such as driving an automobile, operating machinery, etc. Patients receiving antihistamines should be warned against possible additive effects with CNS depressants such as alcohol, hypnotics, sedatives, tranquilizers, etc.
ADVERSE REACTIONS: Adverse reactions to Dimetapp Extentabs may include hypersensitivity reactions such as rash, urticaria, leukopenia, agranulocytosis, and thrombocytopenia; drowsiness, lassitude, giddiness, dryness of the mucous membranes, tightness of the chest, thickening of bronchial secretions, urinary frequency and dysuria, palpitation, hypotension/hypertension, headache, faintness, dizziness, tinnitus, incoordination, visual disturbances, mydriasis, CNS-depressant and (less often) stimulant effect, anorexia, nausea, vomiting, diarrhea, constipation, and epigastric distress.
HOW SUPPLIED: Light blue Extentabs in bottles of 100 and 500.

Dimetapp Extentabs®

Dimetane® (brompheniramine maleate), 12 mg.; phenylephrine HCl, 15 mg.; phenylpropanolamine HCl, 15 mg.

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when pain goes on... and on... and on–



For the patient with a terminal illness, PAIN past, present, and future can dominate his thoughts until it becomes almost an obsession. The more he is aware of the pain he is now experiencing, the more difficult it is to erase his memory of yesterday's pain, and to allay his fearful anticipation of tomorrow's pain.

Surely the last thing this patient needs is an analgesic containing caffeine to stimulate the senses and heighten pain awareness. A far more logical choice is Phenaphen with Codeine. The sensible formula provides ¼ grain of phenobarbital to take the nervous "edge" off, so the rest of the formula can help control the pain more effectively. Don't you agree, Doctor, that psychic distress is an important factor in most of your terminal and long-term convalescent patients?

the analgesic formula that calms instead of caffeinates

Phenaphen with Codeine

Phenaphen with Codeine No. 2, 3, or 4 contains: Phenobarbital (¼ gr.), 16.2 mg. (warning: may be habit forming); Aspirin (2½ gr.), 162.0 mg.; Phenacetin (3 gr.), 194.0 mg.; Codeine phosphate, ¼ gr. (No. 2), ½ gr. (No. 3) or 1 gr. (No. 4) (warning: may be habit forming)

Indications: Provides relief in severer grades of pain, on low codeine dosage, with minimal possibility of side effects. Its use frequently makes unnecessary the use of addicting narcotics. **Contraindications:** Hypersensitivity to any of the components. **Precautions:** As with all phenacetin-containing products, excessive or prolonged use should be avoided. **Side effects:** Side effects are uncommon, although nausea, constipation and drowsiness may occur. **Dosage:** Phenaphen No. 2 and No. 3—1 or 2 capsules every 3 to 4 hours as needed; Phenaphen No. 4—1 capsule every 3 to 4 hours as needed. For further details see product literature.

Ⓒ Phenaphen with Codeine is now classified in Schedule III, Controlled Substances Act of 1970. Available on written or oral prescription and may be refilled 5 times within 6 months, unless restricted by state law.

A. H. Robins Company, Richmond, Va. A·H·ROBINS

Drs. Patrick J. V. Corcoran, Guy Owsley Appointed by AMA

Dr. Patrick J. V. Corcoran, Evansville, has been named to the AMA's 7-member Subcommittee on Continuing Physician Competence. Also named to this subcommittee is **Dr. Guy Owsley, Hartford City.** The subcommittee is composed of two members of the Committee on Health Manpower, two from the Council on Medical Service, and two from the Council on Medical Education, plus one medical student.

Basic Library of Health Care Safety Offered by Fire Protection Ass'n

The National Fire Protection Association has for sale a new "Basic Library of Health Care Safety." It consists of 12 pamphlets in a desk file, sells for $19.95. It emphasizes the continued need for fire safety in hospitals and in homes for aged and mentally deprived. Instructions cover hospital emergency preparedness, combustible liquids, oxygen-enriched atmospheres, respiratory therapy, laboratories and electrical systems.

Bloomfield Citizens Pay Tribute To Dr. H. B. Turner on Retirement

More than $4,300 was contributed to the **Dr. H. B. Turner** Appreciation Fund for furnishing rooms in the new Greene County Hospital and the list of names of donors was presented to Dr. Turner at an Appreciation Night Program held recently.

Dr. Turner, Bloomfield physician for 53 years, was honored at the program which marked his retirement.

It was announced that the fund will furnish four coronary care units in the new hospital and two of the units will bear plaques honoring Dr. Turner and the other two will have plaques honoring his son, the late Dr. J. J. Turner.

Dr. Joe Dukes, ISMA president, paid tribute on behalf of the association and read a telegram from an official of HEW, who extended President Richard Nixon's best wishes to Dr. Turner for his many years of service.

Wells Doubles Science Fair Prizes

Announcement has been made that the Wells County Medical Society is doubling its prizes to the winners in the elementary, junior high and high school science fair exhibits this year. According to President **Dr. Louis F. Bradley,** approximately $200 will be awarded. **Dr. and Mrs. Don Meier, Dr. Russell Graf, Dr. James Umphrey** and **Dr. Gerald Miller** are serving as the science fair committee.

Dr. Niccum Moves to Arizona

Dr. W. L. Niccum, Columbia City pediatrician, was honored at a recent meeting of the Columbia City Rotary Club. He is moving to Sun City, Ariz., where he will continue in medical practice. He is a past president of the club. In 1961 and 1962 Dr. Niccum served as president of the county medical society, and he served on the Commission on Public Health in 1973.

Two Communications Skills Seminars Scheduled at O'Hare Airport by AMA

The AMA Speakers and Leadship Programs will conduct training seminars at the Marriott Motor Hotel near O'Hare Airport August 30 to September 1 and November 15 to 17. The object is to improve communications skills for leadership roles. Registration for each seminar is limited to 30. The fee is $75. Contact Mortimer T. Enright, 535 N. Dearborn, Chicago 60610.

"Road Show" Features Drs. White, Hall

Drs. Thomas R. White, Evansville, director of the Deaconess Hospital Cardiovascular Laboratory, and **Jack Hall, Indianapolis,** director of medical education at Methodist Hospital, were the speakers at the Annual Road Show of the Indiana Academy of Family Physicians and the Vanderburgh County Medical Society Feb. 7 at the Welborn Baptist Hospital auditorium, Evansville.

Theme of this year's show was "What Does the Family Physician Need to Know about Preparation of Patient Prior to Referral for Cardiac Catheterization?"

Dr. Buckner Heads Surgical Society

Dr. George Buckner was elected president of the Fort Wayne Surgical Society at a recent meeting of the organization. Elected secretary-treasurer of the organization was **Dr. Thomas Herendeen,** who succeeds **Dr. Jack Gumbert. Dr. Charles Schoenhals** is outgoing president.

The dinner meeting included a paper on shock presented by **Dr. Robert Ball.**



AS GOVERNOR OTIS R. BOWEN signs H.B. 1232, the Emergency Medical Services Bill, five men instrumental in working for its successful passage observe. They are (left to right) John G. Suelzer, M.D., chairman, Commission on Emergency Medical Services, Indiana State Medical Association; Phillip Martin, director, Department of Vehicle Inspection and Traffic Safety; George F. Leamnson, executive director, Indiana Regional Medical Program; Michael H. McDermott, ISMA legislative assistant, and Representative Ralph Heine (R) Columbia City, author of the bill and majority caucus chairman. Dennis Heeke, (D) Dubois, was co-sponsor of the bill.

H. Edward Raffensperger Appointed Coordinator of Continuing Education



Mr. H. Edward Raffensperger, who retired this year as manager of Industrial Medicine Services at Eli Lilly and Company, has been named coordinator of continuing medical education by the Indiana State Medical Association. He began his new duties on a part-time basis April 1, after 40 years with the pharmaceutical house.

He is a graduate of Butler University and the Harvard Graduate Business School and served with the United States Navy Supply Corps from 1942 to 1946. Among his responsibilities with the Navy was the outfitting of some 740 LSTs built in the period 1942-1945.

Dr. Ritchey Recognition Day Set

Wednesday, April 10, has been designated the Fourth Annual J.O. Ritchey Recognition Day by the Methodist Hospital Graduate Medical Center.

At 1:30 p.m., the program will get under way with lectures. There will be a social hour at 6:30 p.m., followed by dinner at 7:30 and a talk by Dr. Glenn W. Irwin, Jr., Chancellor of Indiana-Purdue at Indianapolis.

Pediatrics Featured on WAT 21

Pediatrics is the featured discipline on three upcoming "Today's Medicine" programs seen Tuesdays at 12 Noon on WAT 21 Medical Television.

"Current Concepts of Pediatric Anesthesiology," "High Risk Maternal Infant Care Center," and "Common Orthopaedic Problems in Childhood" are among the subjects to be presented during the next few weeks on the Continuing Medical Education closed circuit TV Network.

The live, 30-minute programs originate at the Indiana University School of Medicine in Indianapolis and are received at 26 hospitals around the state (hospitals and viewing areas were listed on pages 46-47, of the January issue of *The Journal*). Viewers may communicate with speakers in the School of Medicine TV studio via special telephones located in each hospital's WAT 21 viewing area.

Physicians who practice in an area not served by WAT 21 may request videocassette or one-inch videotape copies of the programs for viewing at any of the more than 50 hospitals equipped with videotape players.

For information on postgraduate credit for participating in these programs, contact the Division of Postgraduate Medical Education, I.U. School of Medicine, 1100 W. Michigan St., Indianapolis 46202.

For WAT 21 program information contact: WAT 21 Station Manager, Medical Educational Resources Program, I.U. School of Medicine, 1100 W. Michigan St., Indianapolis 46202 (telephone; 317-264-4316).

April 16 "Current Concepts of Pediatric Anesthesiology" Gopal Krishna, M.D.

April 23 "High Risk Maternal Infant Care Center" Loren Petersen, M.D.

April 30 "Lateral Chest X-Ray and the Diagnosis of Hilar Masses" Eugene Klatte, M.D.

May 7 "Common Orthopaedic Problems in Childhood" Paul DeRosa, M.D.

May 14 "Physiological Manifestations of Hemorrhagic Shock" Francis Abel, M.D.

SCHEDULE FOR UPCOMING NCME PROGRAMS

Here are the playing dates and upcoming programs to be distributed by The Network for Continuing Medical Education (NCME):

Apr. 8-Apr. 21 THE IRRITATED EYE, with Jerome N. Goldman, M.D., Assistant Clinical Professor of Ophthalmology, Howard University Medical School, and Attending Ophthalmologist, Washington Hospital Center, Washington, D.C.
LONG-TERM MANAGEMENT OF SYSTEMIC LUPUS ERYTHEMATOSUS, with Naomi F. Rothfield, M.D., Professor of Medicine, and Chief, Arthritis Division, University of Connecticut School of Medicine, Farmington.
THE TREATMENT OF BRONCHIAL ASTHMA, with Frank Perlman, M.D., Clinical Professor of Medicine, Practicing Allergist, University of Oregon School of Medicine, Portland.

Apr. 22-May 5 DIGITALIS: FRIEND OR FOE? with James E. Doherty, M.D., Professor of Cardiology, University of Arkansas, and Director of Cardiology, Veterans Administration Hospital, Little Rock.
HERPES SIMPLEX: CLUES FOR CLINICAL DIAGNOSIS, with Richard C. Gibbs, M.D., Associate Professor of Clinical Dermatology, New York University Medical Center, New York.
THE TREATMENT OF ACNE, with Paul Lazar, M.D., Associate Professor of Dermatology, Northwestern University School of Medicine, Chicago.

For more information about NCME, write The Network for Continuing Medical Education, 15 Columbus Circle, New York, New York 10023.

(Program scheduling subject to change)

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County, District News

First District

The annual meeting of the First Trustee District will be held at Evansville on May 9, 1974.

Second District

The Second District meeting will be held at Sullivan on June 13.

Third District

The annual meeting of the Third Trustee District will be held at the Marriott Resort Center at Clarksville the weekend of Sept. 14-15. This will be a joint meeting with the Third District of the Indiana Academy of Family Practice.

Fourth District

The Fourth District meeting will be held on June 12 at Seymour.

Fifth District

May 22 has been set as the date for the annual Fifth District meeting, and it will be held at Turkey Run State Park.

Sixth District

The Connersville Country Club will be the site of the Sixth District meeting on May 9.

Seventh District

The Seventh District will hold its meeting on June 5 at the Speedway Motel, Indianapolis.

Eighth District

The Eighth District meeting has been scheduled for June 5 at the Anderson Country Club.

Dearborn-Ohio

Dr. Jerry Retier gave a paper on dermatology at the March meeting of the Dearborn-Ohio County Medical Society. During the business meeting the society voted to send, through Laughery Valley Comprehensive Health Planning Association and CORVA, a resolution opposing PSRO.

At the January meeting members and guests heard speakers from the Indiana Department of Drug Abuse. At the December meeting the speaker was Dr. Edwin L. Gresham of Riley Hospital, Indianapolis. Obstetrical nurses from the local hospital were guests.

Marshall

Dr. David F. Wehlage, South Bend psychiatrist, spoke on "Depression" at the February meeting of the Marshall County Medical Society. A number of guests were present for the meeting.

Noble

Announcement was made at the February meeting, which was held at noon at McCray Memorial Hospital, that arrangements have been made for a four-county meeting to be held in Kendallville on May 1, with the Noble County society serving as host.

It was voted at the January meeting to send a check for $100 to the Noble County Heart Association in memory of Dr. Q. F. Stultz of Ligonier, who died in December. It was also decided to contribute $500 to the Workshop for the Handicapped and Retarded in Albion.

Porter

Two young men have received medical scholarships from the Porter County Medical Society. The society annually presents the grants to encourage young people to medical careers and to practice medicine in the area.

Wayne-Union

Dr. John G. Wagner, professor of pharmacy at the Upjohn Center for Clinical Pharmacology at the University of Michigan, Ann Arbor, was guest speaker at the February meeting of the Wayne-Union County Medical Society. He discussed "Bioavailability Studies in Man," and a film on biopharmaceutics was shown.

At the January meeting the speaker was Dr. John L. Glover, associate professor of surgery at the Indiana University Medical Center and chairman of the department of surgery of Marion County General Hospital; his subject was "What's New in the Management of Thoracic Lesions?" Dr. Tom Ebbinghouse demonstrated a device he has designed to allow a physician to perform a pelvic examination in the patient rooms. The device was made by the maintenance staff at Reid Memorial Hospital.

Officers of the various county medical societies for the year 1974 have been announced, as follows:

Clinton

Dr. Lee F. Dupler, Frankfort, will serve as president, with Dr. Harry T. Stout, also of Frankfort, as secretary.

Decatur

Dr. Robert P. Acher has been elected president, Dr. Alfredo Q. Paje, vice president, and Dr. Arnold D. Ducanes, secretary-treasurer. All are of Greensburg.

Elkhart

Serving as officers of the Elkhart County Medical Society this year are: Dr. Burton Kintner, Elkhart, president; Dr. Dana Troyer, Goshen, vice president; and Dr. Page Spray, Elkhart, secretary-treasurer. Drs. Patrick Campbell, Elkhart, and Dr. Frederick Bigler, Goshen, were elected delegates with Drs. James Miller of Wakarusa and Dr. Virgil Graber, Elkhart, alternate delegates.

Fulton

Dr. P. D. Aluning of Rochester is the new president, with Dr. Joseph D. Richardson continuing as secretary.

Gibson

Gibson County officers will be: Dr. R. E. Weitzel, Princeton, president; Dr. Donald E. Pruitt, Princeton, president-elect; Dr. William E. Dye, Oakland City, secretary-treasurer; Drs. Weitzel and Pruitt will serve as delegate and alternate.

Grant

Dr. Frederick Simmons, Marion, president; Dr. James Reid, Marion, vice president; Dr. Eugene Rifner, VanBuren, secretary-treasurer; Dr. Robert Brown and Dr. Herbert Khalouf, delegates; Dr. Shirley Khalouf and Dr. Charles Kershner, alternate delegates.

Hancock

Dr. William R. Rhynearson of Fortville is the new secretary and Dr. John E. Moenning of Greenfield continues as president.

Harrison-Crawford

Dr. Carl E. Dillman has been elected president, and Dr. Richard A. Jordan, secretary; both are of Corydon.

Hendricks

Serving as president for 1974 is Dr. Robert W. Kirtley, Danville; Dr. David M. Hadley, Plainfield, continues as secretary.

Henry

Dr. Sam W. Campbell, president; Dr. Mark Smith, vice president; Dr. Donald E. Vivian, secretary; Dr. Kenneth Hill, delegate; Dr. Frank C. McDonald, alternate. All are of New Castle.

Howard

Dr. Jack W. Higgins, Kokomo, president; Dr. Alan J. Adler, secretary. Both are of Kokomo.

Jefferson-Switzerland

Dr. Howard C. Jackson, Madison, president; Dr. Michael Ryan, Madison, vice president; Dr. Ott McAtee, Madison, secretary-treasurer, with Dr. McAtee and Dr. Warren R. Rucker, also of Madison, as delegate and alternate. Dr. Diego Valenzuela, Vevay, will be the Switzerland County delegate.

LaGrange

Dr. M. O. Mellinger, LaGrange, president; Dr. M. Reed Taylor, Howe, vice president; Dr. Allen S. Martin, Shipshewana, secretary-treasurer.

LaPorte

Dr. James R. Carpentier, LaPorte, president; Dr. Rodney A. Mannion, Michigan City and LaPorte, vice president; Edward A. Mladick, LaPorte, secretary; Drs. John Luce and Fred Carter, delegates, with alternate delegates Dr. P. J. Pilecki and Dr. Barbara Backer.

Madison

Dr. J. E. Gahimer, Madison, president; Dr. William J. Gray, Chesterfield, secretary.

Marion

Dr. Charles R. Thomas, president, and Dr. Douglas H. White, Jr., secretary. Both are of Indianapolis.

Noble

Dr. Robert C. Stone, Ligonier, is president, while Dr. R. S. Carpenter, Kendallville, is secretary.

Porter

Dr. Alfred J. Kobak, Jr., Valparaiso, president; Dr. Leon J. Armalavage, Valparaiso, president-elect; Dr. Frederick Hoham, Portage, secretary-treasurer; Drs. Martin O'Neill, Valparaiso, and Joel Hull, Chesterton, delegates; Dr. James Brown, Valparaiso, alternate delegate.

Pulaski

Dr. Charles Heinsen, Winamac, president; Dr. Edward L. Hollenberg, Winamac, secretary.

Scott

Dr. Ignacio B. Castro, president; Dr. Amado Trinidad, secretary. Both are of Scottsburg.

Starke

Dr. H. C. Ufkes, North Judson, president; Earl Leinbach, Hamlet, secretary.

Steuben

Dr. Claude E. Davis, Angola, president; Dr. John J. Hartman, Angola, secretary.

Tippecanoe

Dr. Caroline E. Hass, West Lafayette, president; Dr. John A. Knote, Lafayette, vice president; Dr. David L. Evans, Lafayette, secretary; Dr. R. C. McPherson, Lafayette, treasurer.

Tipton

Dr. R. L. Haller, Kempton, president; Dr. D. W. Lambert, Tipton, secretary.

Vigo

Dr. William E. Scully, Terre Haute, president; Dr. William Drummy, also of Terre Haute, secretary.

Wabash

Dr. Joseph D. Gifford, Wabash, president; Dr. Wilbur D. McFadden, North Manchester, vice president; Dr. David L. Ellis, Wabash, secretary.

Washington

Dr. Donald L. Martin of Salem is the new secretary while Dr. F. T. Castueras, also of Salem, continues as president.

White

Dr. Warren V. Morris, Monticello, is the new president; Dr. W. Martin Dickerson, also of Monticello, continues as secretary.

Whitley

Dr. V. Park Huffman, South Whitley, president; Dr. J. Robert Roth, Columbia City, president-elect; Dr. Joe B. Mishler, Pierceton, secretary-treasurer; Dr. Thomas Hamilton, delegate; Dr. Jules Heritier, alternate.



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Deaths

Joseph L. Conley, M.D.

Dr. Joseph L. Conley, 84, who practiced medicine 50 years at one location in Indianapolis, died February 11 in St. Vincent Hospital. He retired in 1968.

A 1911 graduate of Indiana University School of Medicine, Dr. Conley was on the staffs of St. Vincent and Methodist Hospitals and was a past president of St. Vincent Medical staff. He was a medical adviser at the Naval Avionics Facility and had been Cathedral High School doctor for 25 years.

He was a member of the Marion County Medical Society, the American Medical Association, and was a Senior Member of the Indiana State Medical Association and a member of its 50-Year Club.

Frank T. Denny, M.D.

Dr. Frank T. Denny, 78, a physician at Ladoga for more than 30 years, died in a rest home at Mesa, Ariz., where he had resided for seven years.

Dr. Denny was a graduate of Indiana University Medical School with the class of 1925 and interned at Methodist Hospital, Gary.

He served as secretary of the Montgomery County Medical Society before his retirement in 1961. He was a member of the American Medical Association and became a Senior Member of the Indiana State Medical Association in 1966.

Lyall L. Frank, Sr., M.D.

Dr. Lyall L. Frank, Sr., South Bend, died December 1, 1973, in Memorial Hospital at South Bend. He was 76.

A graduate of the University of Georgia Medical School, Dr. Frank interned at Epworth (Memorial) Hospital in 1929 and 1930.

He was a member of the St. Joseph County Medical Society, the American Medical Association and the Indiana State Medical Association, having attained the status of Senior Member in 1968.

Mahlon G. Frasch, M.D.

Dr. Mahlon G. Frasch, 78, a Lafayette physician for 47 years, died January 11 in St. Elizabeth Hospital, Lafayette.

A veteran of World War I, Dr. Frasch served in the Army Medical Corps. He was also a former Tippecanoe County Coroner and served on the staffs at St. Elizabeth and Home hospitals and on the board of the Indiana State Soldiers Home.

He was a graduated from the Indiana University School of Medicine in 1924.

He was a member of the Tippecanoe County Medical Society, the American Medical Association, and was a Senior Member of the Indiana State Medical Association.

Raymond A. Gaffney, M.D.

Dr. Raymond A. Gaffney, 48, an orthopedic surgeon in South Bend since 1955, died at St. Joseph's Hospital Dec. 8.

He was a graduate of the St. Louis University School of Medicine and interned at St. John's Hospital, Cleveland, with a residency at St. John's and the Veterans Administration Hospital at St. Louis.

On the staffs at St. Joseph's and Memorial hospitals, Dr. Gaffney was a member of the American Medical Association and the St. Joseph County Medical Society.

Oliver W. Greer, M.D.

Dr. Oliver W. Greer, 75, an Indianapolis resident until 1945, died at Pompano Beach, Fla., February 1.

Retired chief surgeon of the 11th Armored Division of the United States Army, Dr. Greer was the founder of the Cerebral Palsy Clinic at James Whitcomb Riley Hospital for Children in 1937 and was the first director of services to crippled children for the Indiana Board of Public Welfare.

He was a 1923 graduate of the Indiana University School of Medicine and served as surgeon for the 16th Engineer Battalion of the First Armored Division in 1941 and 1942.

A former member of the Marion County Medical Society, he was also a member of the American Medical Association.

Jack I. Kenzler, M.D.

Dr. Jack I. Kenzler, 47, St. Louis, formerly of Indianapolis, died January 12 at St. Louis.

He was medical director of International Harvester Company and director of industrial medicine and surgery with Bridgeport Brass Co. before moving to St. Louis. Since moving, he had been medical director of the Sutter Clinic.

A graduate of the Indiana University School of Medicine in 1953, Dr. Kenzler interned at Indianapolis General Hospital and was a resident at Home Hospital, Lafayette.

He was a Fellow of the American Academy of Occupational Medicine and the American Academy of Preventive Medicine, and a former member of the Marion County Medical Society. He was also a member of the American Medical Association and the Central States Society of Industrial Medicine and Surgery.

Theodore R. LeMaster, M.D.

Dr. Theodore R. LeMaster, Indianapolis, died March 2 in Methodist Hospital. He was 49.

An associate professor of ophthalmology at Indiana University School of Medicine, he was a member of the teaching staff at Marion County General Hospital and was on the staffs of Methodist, Community and St. Vincent hospitals.

Dr. LeMaster was graduated from the I.U. School of Medicine in 1947 and interned at Minneapolis General Hospital, where he also was a resident. He served with the United States Navy from 1950 to 1952.

A diplomate of the American Board of Ophthalmology, Dr. LeMaster was a member of the American Medical Association and the Marion County Medical Society.

Henry Paul Miller, M.D.

Dr. H. Paul Miller, Fort Wayne, died at home February 28. He was 57.

A graduate of the Indiana University Medical School, Dr. Miller interned at Fort Wayne Lutheran Hospital. He was on the staff at Lutheran, St. Joseph and Parkview hospitals.

From 1949 to 1955 he served as Allen County Coroner. He saw service in New

Guinea with the Army Medical Corps in World War II and was also called to active duty in the Korean conflict.

Dr. Miller was a member of the Allen County Medical Society and the American Medical Association.

Karl R. Ruddell, M.D.



Dr. Karl R. Ruddell, 86, Indianapolis surgeon, died January 4 in Winona Hospital.

Ninety-first president of the Indiana State Medical Association, serving in 1940-41, Dr. Ruddell was a delegate to the World Medical Convention at Vienna, Austria, in 1959.

A 1911 graduate of the Indiana University School of Medicine, Dr. Ruddell served as an intern and resident physician seven years in St. Vincent Hospital. From 1923 to 1927 he was a part-time professor at the I.U. Medical School. He was a member of the medical staffs of Methodist, Community, St. Francis, Winona and Marion County General Hospitals.

Dr. Ruddell served on the Indianapolis Board of Public Health in 1951.

A member of the Marion County Medical Society, Dr. Ruddell served as ISMA delegate to the American Medical Association in 1953. He was a Senior Member of the ISMA and a member of its 50-Year Club.

Quentin F. Stultz, M.D.

Dr. Quentin Fletcher Stultz, formerly a practicing physician of Ligonier, died December 29 at Manatee Hospital, Bradenton, Fla. He was 71. He retired in 1967.

He graduated from the Indiana University School of Medicine in 1930 and interned at Memorial Hospital, South Bend.

Dr. Stultz served as Noble County Medical Society president in 1963 and was a member of the Indiana State Medical Association House of Delgates in 1959 and 1960. He also served as city health officer and was on the staffs of the LaGrange County, Goshen and Kendallville hospitals.

He was a former member of the American Medical Association.

John M. Sullivan, M.D.

Dr. John M. Sullivan, Terre Haute, died January 14 at home. He was 69.

Upon graduation from the Indiana University School of Medicine in 1932, Dr. Sullivan interned at the Indianapolis City Hospital and was also a resident there the following year.

An anesthesiologist, Dr. Sullivan was a member of the staff of St. Anthony Hospital and also served as president. He was with the Vigo County Health Department for about eight years, working in the division of contagious diseases.

A member of the Vigo County Medical Society and the American Medical Association, Dr. Sullivan also served on the ISMA Commission on Voluntary Health Agencies.

From THE JOURNAL 50 Years Ago

Every suspected foreign body case should have the benefit of a roentgenogram which is the most valuable diagnostic means of all. No difficulty should be experienced in the case of metallic foreign bodies and many of less density such as bones, shells, buttons, teeth, etc., which should show up clearly. Anteroposterior and lateral roentgenograms always should be made, for very often a foreign body lying in one plane will be invisible in the other. . . .

Sometimes the roentgenographic picture may be misleading, particularly when all of the findings are not analyzed with sufficient care to avoid misinterpretation. As illustrating this point the following case is reported:

Miss M. H., age 49, gave a history of having aspirated a small foreign body followed by occasional attacks of hoarseness. She presented an x-ray picture which apparently showed the existence of a small closed safety pin in the trachea immediately below the larynx. Only one picture, and that a lateral view, was presented. The patient was very desirous of having the pin removed by endoscopy. However, as there were none of the characteristic symptoms which usually accompanied the presence of a foreign body in the larynx or trachea, and she seemed a little uncertain as to the time when the pin was aspirated, she was subjected to further x-ray examinations, in spite of her objections thereto, resulting in the discovery that the safety pin which showed in the picture was in reality a pin used to fasten her clothing. To convince her of the correctness of this opinion the clothing fastened by the safety pin was removed and roentgenograms taken which proved to be negative. The patient was extremely apprehensive and even after the negative findings hesitated about believing that no foreign body was present. . . .
Eugene L. Bulson, M.D., Fort Wayne, "Foreign Bodies in the Air Passages: Diagnosis and Localization," **JISMA**, April 1974.

Association News

Executive Committee

January 19, 1974

The Executive Committee of the Indiana State Medical Association met in the Headquarters Office at 2:00 p.m., Saturday, January 19, 1974, with Dr. Donald M. Kerr, chairman, presiding.

Roll call showed the following: Don M. Kerr — present; William R. Clark— present; Joe Dukes — present; Gilbert M. Wilhelmus — present; Vincent J. Santare — present; Hugh K. Thatcher, Jr. — present; Frank B. Ramsey — present; Arvine G. Popplewell — present; James A. Waggener — present.

THE MINUTES OF THE MEETING held November 10, 1973, were approved, upon motion of Dr. Wilhelmus seconded by Dr. Thatcher.

THE MEMBERSHIP REPORT was approved and Dr. Dukes raised the question of members of the faculty of the I.U. Medical School being given special membership fees. By consent, it was agreed this be referred to the membership committee which Dr. Dukes will appoint.

A LETTER FROM THE GEORGE S. OLIVE COMPANY complimenting the accounting work and the bookkeeper of the Association was read for the information of the committee.

CREDIT CARDS — Upon motion of Dr. Dukes and duly seconded, it was voted that the Association would discontinue the use of telephone credit cards for the officers, and the officers were to be informed that if they make calls for the Association's business, they should file accordingly for these calls.

TEL-MED — The secretary announced that approval had been granted for the extension of Tel Med statewide through toll-free WATS lines. He also reported that the San Bernardino County Medical Society had refused to supply us with additional tapes unless we pay the lease charge of $27 a month for the use of the tapes. Upon motion of Dr. Wilhelmus seconded by Dr. Clark, the Secretary was authorized to make this payment. Upon motion of Dr. Clark and seconded by Dr. Thatcher, the secretary was authorized to proceed with the expansion of this system.

A LETTER FROM THE INDIANAPOLIS CONVENTION CENTER concerning the use of the second floor only during the annual meeting was read, the letter stating that it would be impossible to place the exhibits on the second floor. Upon motion of Dr. Wilhelmus and seconded by Dr. Santare, it was moved that the Convention Arrangements Committee further study this problem.

TREASURER'S REPORT — The Treasurer reported on the income and expenses of the Association, fund balances and investments, and the report was approved upon motion by Dr. Thatcher and seconded by Dr. Dukes.

INVESTMENTS — A discussion was then held concerning the method of investing any surplus funds of the Association and, upon motion of Dr. Dukes seconded by Dr. Santare, the treasurer was instructed to invest only in Treasury Bills.

BUILDING COMMITTEE REPORT— Dr. Thatcher reported upon the various conversations that have been held with architects concerning the matter of expanding the building. This was taken as a matter of information.

REQUEST OF A COMPONENT SOCIETY FOR REFUND of 1974 dues paid by a physician who expired on December 2nd was reviewed and, by motion of Dr. Wilhelmus seconded by Dr. Thatcher, the refund was approved.

A LETTER FROM THE BOARD OF MEDICAL REGISTRATION AND EXAMINATION expressing concern over the action of the Indiana State Medical Association in regard to the proposed Medical Practice Act was taken as a matter of information.

A LETTER FROM THE WOMAN'S AUXILIARY to the Student American Medical Association requesting a renewal of the sustaining membership in the amount of $15 was approved, upon motion of Dr. Dukes and seconded by Dr. Wilhelmus.

A LETTER FROM THE INDIANA SOCIETY OF THE AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS pointed out that they would not have their annual meeting until April 1974, and suggested the president, president-elect, treasurer and assistant treasurer of ISMA continue to be medical advisors. This was taken as a matter of information.

A LETTER FROM THE INDIANA ACADEMY OF FAMILY PHYSICIANS expressing appreciation for the assistance of the Indiana State Medical Association in the conduct of the Governor's Conference on Emergency Medical Service was read for the information of the committee.

A LETTER FROM LEGAL COUNSEL concerning the possibility of a favorable Appellate Court decision on the suit on the statute of limitations being transferred to the Supreme Court was read for the information of the committee.

LETTERS FROM DOCTORS EUGENE W. AUSTIN AND KEITH RUDDELL thanking the Association for the rememberances on the death of their fathers, both of whom were past presidents of the Association, was read for the information of the committee.

A LETTER FROM GOVERNOR BOWEN thanking the association for the courtesies extended him during the American Medical Association meeting at Anaheim was read for the information of the Committee.

A LETTER FROM THE JOINT COMMISSION of the Accreditation of Hospitals addressed to M. O. Scamahorn, in reply to a letter he had sent this organization, was reviewed for the information of the committee.

A LETTER FROM DR. OLGA BOOHER concerning the Association's financially assisting the I.U. Medical School Alumni Association was deferred until the June or July meeting of the Committee.

RENEWAL OF MEMBERSHIP IN THE INDIANAPOLIS BETTER BUSINESS BUREAU was approved on motion of Dr. Wilhelmus seconded by Dr. Dukes.

A LETTER FROM THE STATE DEPARTMENT OF PUBLIC INSTRUCTION requesting the appointment of a physician to serve on an ad hoc advisory committee on school health service was read and, by consent, Dr. Wilhelmus was named the ISMA representative.

A LETTER FROM THE INDIANA HISTORICAL SOCIETY requesting participation by ISMA and the members of this organization in the development of a medical history section in the Indiana Historical Society was read, and the letter was ordered to be reproduced with the Newsletter.

A LETTER CONCERNING A PHYSICIAN TO SERVE ON THE WELFARE DEPARTMENT CLAIM REVIEW

COMMITTEE was reviewed and, by consent, Dr. Dukes will represent the Association on this committee.

A LETTER FROM THE COOPERATIVE EXTENSION SERVICE OF INDIANA requesting the participation of the ISMA in funding an award for a new 4-H project was reviewed, and, upon motion of Dr. Wilhelmus seconded by Dr. Santare, it was agreed to fund this particular project.

A LETTER FROM THE DEPARTMENT OF HEALTH EDUCATION AND WELFARE SETTING FORTH THEIR RATIONALE for their PSRO as designated for the state of Indiana, was referred by consent, to the Board of Trustees, and the secretary was instructed to duplicate the letter for each member of the Board.

A LETTER FROM THE INDIANA STATE NURSES ASSOCIATION concerning the establishment of a liaison committee to discuss several matters concerning the nursing service was reviewed, and upon motion of Dr. Wilhelmus seconded by Dr. Dukes, the letter is to be reproduced and studied by the members of the Executive Committee.

A REQUEST FOR A CONTRIBUTION FOR THE INDIANA YOUTHPOWER CONFERENCE was reviewed and, upon motion of Dr. Dukes seconded by Dr. Clark, the Association will contribute up to $50 for this purpose.

A LETTER FROM THE CLINICAL STAFF EXECUTIVE COMMITTEE OF A HOSPITAL SEEKING a legal opinion concerning the liability which might be faced by a physician who served on the utilization committee, was read, and the secretary was instructed to write them a letter giving them a report on this matter.

A LETTER FROM THE DIRECTOR OF NURSES OF AN INDIANA HOSPITAL concerning their review of hospital policies as they relate to the use of Licensed Practical Nurses was reviewed, and, by consent, it was agreed it should be discussed with the staff of the hospital.

A LETTER FROM THE AMERICAN MEDICAL ASSOCIATION seeking approval of a recommendation that had been made for an Indiana physician to serve on the American Board of Internal Medicine was reviewed, and Dr. Dukes was given the responsibility of replying to this request.

THE SECRETARY PRESENTED TO THE COMMITTEE A LETTER FROM A THIRD PARTY who objected to the decision concerning fees made by a county medical society and asking for reconsideration. By consent, this was referred to the Board with the recommendation that it be sent back to the local medical society; and the secretary inform the third party of the ISMA policy in handling these matters.

USE OF MAILING LIST. A letter from a Louisville, Ky., physician seeking use of our mailing list for the purpose of sending professional announcements was denied on the basis of the present policy that the mailing list is not available for such a purpose.

A LETTER FROM THE KENTUCKY ARTHRITIC FOUNDATION seeking the mailing list to announce their symposium on arthritic diseases was approved upon motion of Dr. Wilhelmus seconded by Dr. Dukes.

A REQUEST FOR USE OF THE MAILING LIST by the Bio-Medical Engineering Center of Purdue University to announce a Symposium on Bio-Medical Engineering in Health Care Delivery, scheduled for March 23-25, was approved by motion of Dr. Santare seconded by Dr. Wilhelmus.

A REQUEST FROM THE REGENSTRIEF FOUNDATION FOR USE OF THE MAILING LIST for the purpose of conducting a survey and requesting the letter be forwarded to membership on the letterhead of the ISMA was reviewed; and this matter was referred to the Board for decision, with the secretary to prepare copies of this request for all members of the Board.

Upon motion of Dr. Wilhelmus and seconded by Dr. Clark, the secretary was instructed that any general mailing to the membership must have the approval of the Executive Committee.

MEMBERSHIP MATTERS — The Secretary read letters from three Indiana physicians expressing their views on various aspects of membership of the American Medical Association and Indiana State Medical Association. These were all taken as a matter of information.

PSRO LETTERS received from the various states announcing their opposition to the PSRO area designations for the respective states, together with a report on the AMA action with this respect, and the ISMA activity were reviewed for the information of this committee, and all was taken as a matter of information.

A LETTER FROM THE PRINTERS OF THE JOURNAL announcing there would be another increase in the price of the paper was reviewed for the information of the committee.

THE SECRETARY ANNOUNCED THAT HE HAD AN OPPORTUNITY TO EMPLOY A RETIREE of Eli Lilly on a part-time basis to handle the Continuing Education detail, and, upon motion duly made and seconded, the employment was approved with the recommendation to go to the Board of Trustees for their approval.

FUTURE MEETINGS — Leadership Conference in Chicago, January 25-26. By consent, the president, president-elect, treasurer and the executive secretary were authorized to attend this meeting. The meeting of State Secretaries being scheduled for Chicago at the same time, the attendance of the secretary at this session was approved, by consent.

The 70th Annual Medical Education meeting in Chicago, February 1-3, it was thought that several physicians would be attending this meeting, and Mr. Bush, as staff representative, was authorized to attend also, this action taken by consent.

A LETTER FROM THE INDIANA HOSPITAL ASSOCIATION requesting permission for the IHA to list our name as co-sponsor of an Audit Team Seminar scheduled in Indianapolis for March 14-15 was approved by consent, provided there was no financial liability involved. By consent, Dr. Santare was also authorized to represent the Association at this meeting.

The letter from the American Medical Association concerning the AMA-AMPAC Public Affairs Workshop scheduled for Washington, D. C., March 15-17 was reviewed. At the same time, the matter of the annual congressional visitation and dinner was discussed, and, by consent, it was agreed that the visitation would take place on March 12, 13 and 14, with the annual dinner being held the night of the 13th, and those who desired to stay over for the Public Affairs Workshop could do so. It was agreed that members of the Executive Committee could take their wives, and the secretary was instructed this year to invite the wives of the Congressmen to the dinner. It was agreed that representatives of Blue Shield could also attend, if they desired.

THE SURVEY CONDUCTED BY THE HEADQUARTERS OFFICE of the members of the commissions and committees concerning meeting days other than Sunday, because of the gasoline shortage—by consent, copies of this report to be forwarded to the various chairmen of the commissions and committees.

There being no further business, the Committee adjourned to meet again at 2:00 p.m. on Saturday, April 20, 1974.

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT — February 1974

Disease	Feb. 1974	Jan. 1974	Dec. 1973	Feb. 1973	Feb. 1972
Animal Bites	625	413	362	374	464
Chickenpox	796	555	281	1015	586
Conjunctivitis	243	191	261	209	218
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	145	140	44	39	35
Gonorrhea	892	728	794	883	516
Impetigo	156	169	192	116	170
Infectious Hepatitis	58	32	34	47	46
Infectious Mononucleosis	125	59	125	96	108
Influenza	29634	6324	2691	18533	23471
Measles					
Rubeola	26	19	24	66	222
Rubella	163	46	22	109	104
Meningococcic Meningitis	0	0	2	4	5
Meningitis, Other	0	0	9	0	2
Mumps	229	136	210	217	188
Pertussis (Whooping Cough)	3	5	3	7	6
Pneumonia	770	604	496	1145	833
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	2065	1363	1164	1657	1620
Syphilis					
Primary & Secondary	12	20	10	21	15
All Other Syphilis	124	89	70	86	58
Tinea Capitis	14	10	14	8	3
Tuberculosis (Active)	60	34	44	74	44

COMMERCIAL ANNOUNCEMENTS

FOR SALE: Officially, Attested, Advanced Register Angus bulls, also, frozen semen from proven sires. Write today for prices and production data.

WYE PLANTATION Queenstown, Maryland 21658
Telephones: 301/827-7160
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EXCELLENT OFFICE SPACE available, Professional Building, 6049 E. Washington St., Indianapolis. Five rooms, pharmacy in the building; available for immediate occupancy, adequate parking; near Interstates. Call 356-6087 or 882-0160.

FAMILY PRACTITIONERS

Excellent opportunity to thrive in a group setting. Premium financial reward. Partnership in one year. Great investment opportunities. Fringe benefits. Healthy active community with good schools located in northwest Indiana. Please contact: W. V. Hehemann, M.D., Department of Family Practice, The Hammond Clinic, 7905 Calumet Avenue, Munster, Ind. 46321.

PHYSICIANS OPENINGS IN INDIANA REHABILITATION SERVICES

The Indiana Rehabilitation Services has openings for physicians in its various divisions. Interested persons should contact Dr. Walter E. Deacon, Room #1028 Illinois Building, Indianapolis, Indiana. Telephone (317) 633-6942.

FAMILY PRACTICE opening January 1974 in two-man office. Cashmere, Wash., outstanding orchard community. Scenic area with unlimited recreation opportunities. Partner retiring. Initial salary and early partnership. Edgar A. Meyer, M.D. (Iowa '50) ABFP, 303 Cottage Ave., Cashmere, Wash. 98815 AC509/782-1541

IMMEDIATE OPENING for Ob-Gyn, Internal Medicine, and Orthopedic specialties to establish successful practice with 14-man multi-specialty group. Excellent group benefits; pension plan; modern clinic facilities; progressive community with excellent educational system including two colleges; city population 35,000; good recreational facilities; each specialty must be board eligible or certified. Contact: Business Manager, The Manitowoc Clinic, 601 Reed Avenue, Manitowoc, Wisconsin 54220.

GENERAL SURGEON, Board eligible, married, desires to relocate practice in small town with good hospital, prefer solo, good references, available anytime. Write Box 391, The Journal, 3935 N. Meridian St., Indianapolis 46208.

ESTABLISHED, WELL-LOCATED family practice in fully equipped office. X-ray, EKG, Laboratory, and Therapy Units. Owner joining E. R. group. Available July 1, 1974. Contact A. A. Hood, 910 E. Markwood, Indianapolis (south side), Indiana. Phone 786-6929.

PHYSICIANS WANTED

Emergency Room, Full or Part Time. $40,000-$50,000 per year and Benefits. Partnership in 6 months.
N.W. Indiana—close to Chicago
Contact: B. Aaron, M.D.
PO Box 3399
East Chicago, Indiana 46312
Phone: 219-398-1093

WE NEED A DOCTOR
Fowler, Indiana

Location: Fowler, Indiana is 28 miles northwest of Lafayette. County seat of Benton County. Fowler population 2,900, County population 12,000.
Hospital facilities: Home and St. Elizabeth Hospitals in Lafayette, 30 minutes away; one 23 bed nursing home and a clinic housing one doctor and one dentist.
Possible group practice available or purchase of vacant private clinic. If interested, call John Barce, 317-884-0364 or 317-884-0544. Write P.O. Box 566, Fowler, Indiana 47944.

PROFESSIONAL LOCATION 9700 north, Indianapolis-Carmel area. 1 entire block of frontage in rapidly developing commercial area, minutes to new St. Vincents. Six room house suitable for offices. Priced $59,800 for quick sale. Phone 317-846-7425 evenings.

PSYCHIATRIST (CHILD) Office available; 557 sq. ft. furnished complete w/playroom, kitchenette, waiting room. Dr. Wesley A. Dunn, Professional Building, 3266 N. Meridian St., Indianapolis 46208. Tel. 924-2147

WANTED — Used Voicewriter dictating machine; 925-4255.

NOTICE

Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

Charges for commercial announcements are:

First four lines: $3.00
each additional line: 50¢

Send cash with order. Average count: seven words to the line.

DEADLINE: Fifth day of month PRECEDING month of issue.

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Established by the Indiana State Medical Association for educational and scientific purposes, including an endowment fund for publication of **The Journal.**

Contributions made to the Foundation are deductible by donors in accordance with the Internal Revenue Code.

Bequests, legacies, devises, transfers or gifts to the Foundation are deductible for Federal estate and gift tax purposes.

The Foundation is an ideal recipient of gifts made in memory of deceased friends and relatives. A special Memorial Book is maintained to record such gifts. Special memorial funds may be established within the Foundation to honor individuals.

FOR SALE: Medical equipment inc. 2 Ritter power tables and building suitable for two offices with apartment above—will lease building. Write or call collect—John Carroll, atty, 425-4466—2230 W. Franklin, Evansville, or Mary Jane Steele (widow of Dr. Paul W.) 476-5072—1906 Bellemeade, Evansville 47714.



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The JOURNAL

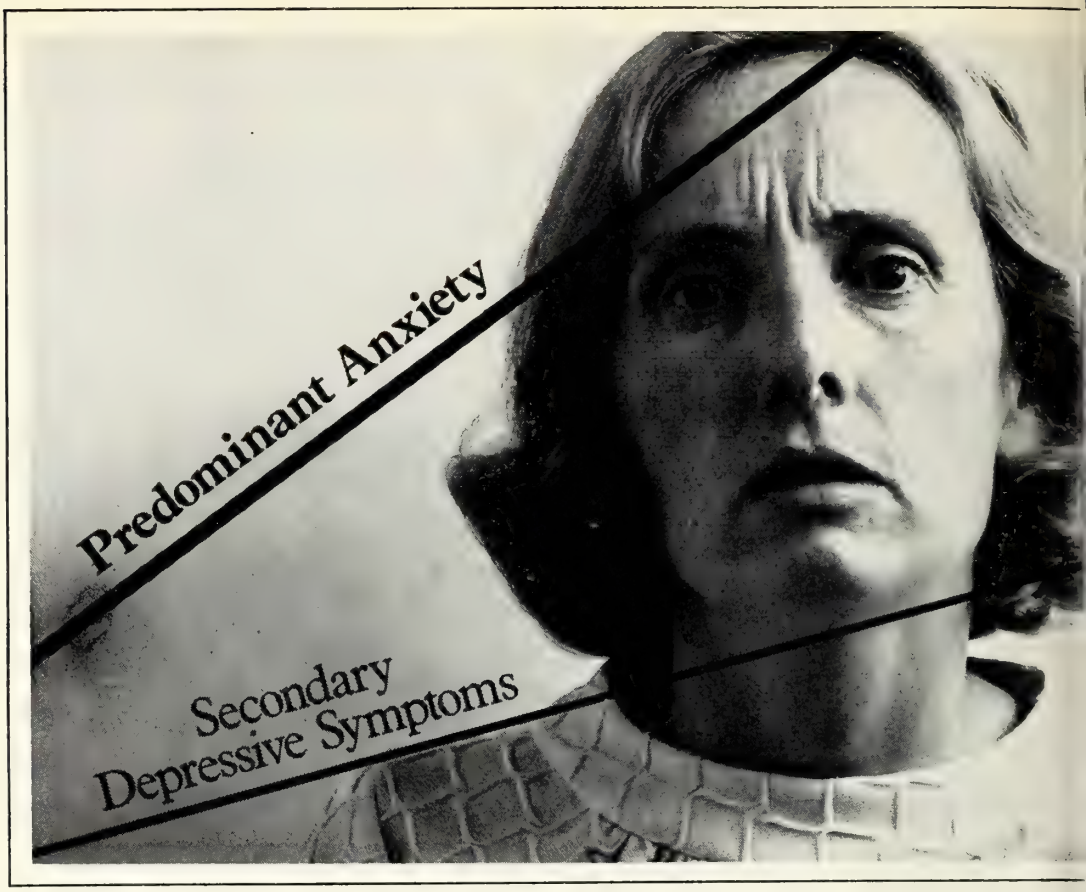
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This psychoneurotic often responds

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal n be associated with temporary in- crease in frequency and/or sever of seizures. Advise against simul taneous ingestion of alcohol and other CNS depressants. Withdra symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discor tinuance (convulsions, tremor, ab dominal and muscle cramps, vomi and sweating). Keep addiction-pr individuals under careful surveil lance because of their predisposi to habituation and dependence. I pregnancy, lactation or women o childbearing age, weigh potential benefit against possible hazard.

When you determine that the depressive symptoms are associated with or secondary to predominant anxiety in the psychoneurotic patient, consider Valium (diazepam) in addition to reassurance and counseling, for the psychotherapeutic support it provides. As anxiety is relieved, the depressive symptoms preferable to it are also often relieved or reduced.

The beneficial effect of Valium is usually pronounced and rapid. Improvement generally becomes evident within a few days, although some patients may require a longer period. Moreover, Valium (diazepam) is generally well tolerated. Side effects most commonly reported are drowsiness, ataxia and fatigue. Caution your patients against engaging in hazardous occupations or driving.

Frequently, the patient's symptoms are greatly intensified at bedtime. In such situations, Valium offers an additional advantage: adding an *h.s.* dose to the *b.i.d.* or *t.i.d.* schedule can relieve the anxiety and thus may encourage a more restful night's sleep.

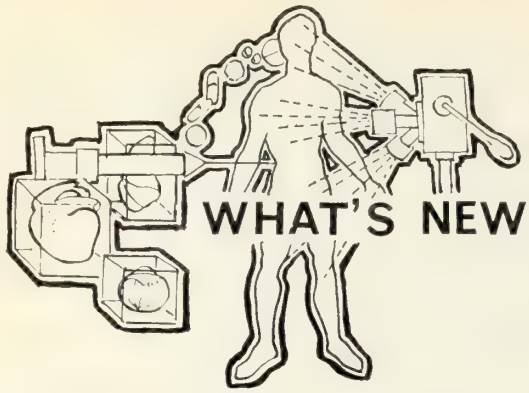
ymptom complex
o Valium® (diazepam)

Precautions: If combined with psychotropics or anticonvul-, consider carefully pharma- of agents employed; drugs as phenothiazines, narcotics, turates, MAO inhibitors and antidepressants may poten- its action. Usual precautions ated in patients severely de- ed, or with latent depression, h suicidal tendencies. Observe precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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Valium® 2-mg, 5-mg, 10-mg tablets
(diazepam)



A. H. Robins is introducing Diban® Tablets, an antidiarrheal Schedule III Drug. Each tablet contains 12 mg of powdered opium and 0.24 mg of atropine sulfate and is indicated for symptomatic control of acute nonspecific diarrhea.

* * *

Roche has a new antibiotic—trade name Larocin—generic name amoxicillin. It is an analog of ampicillin and is contraindicated in patients sensitive to penicillin. It has a broad spectrum of effectiveness and achieves high blood and urine levels on relatively small doses on a t.i.d. schedule.

* * *

Orthopedic Equipment of Bourbon, Indiana, has a new pocket goniometer. It is based on the Neutral Zero Method of measuring joint movement. The instrument is of strong clear plastic and may be had with an instruction booklet.

* * *

Lilly announces Darvocet-N® 100, a newly formulated oral analgesic agent. This new strength contains 100 mg propoxyphene napsylate and 650 mg acetaminophen in each scored tablet. Darvocet-N 100 is supplied in Rx-Pak™ (prescription package, Lilly) of 30, 50 and 100. It is also packaged in bottles of 500 and in Identi-Dose® packages of 100 individually labeled blisters.

* * *

Parke-Davis is introducing a hydrochlorothiazide diuretic, Thiuretic, for use as basic therapy in hypertension. It is also recommended as adjunctive treatment in edema associated with congestive heart failure, cirrhosis of the liver, and corticosteroid and estrogen therapy. It is available in the form of 25-mg and 50-mg tablets.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments and surgical appliances—and book publishers. Each item is published as news and does not necessarily constitute an endorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

NEW! Patient Therapy Packs

Because many patients tend to stop treatment prematurely, the full course of b.i.d. therapy is now specially packaged to encourage patients to complete the full course of therapy.

CANDEPTIN Vaginal Ointment Therapy Pack—two 75 gm. tubes
CANDEPTIN Vagelettes Therapy Pack—28 vaginal capsules
CANDEPTIN Vaginal Tablet Therapy Pack—28 vaginal tablets

Brief Summary

Description: CANDEPTIN (Candicidin) Vaginal Ointment contains a dispersion of Candicidin powder equivalent to 0.6 mg. per gm. or 0.06% Candicidin activity in U.S.P. petrolatum. 3 mg. of Candicidin is contained in 5 gm. of ointment or one applicatorful. CANDEPTIN Vaginal Tablets contain Candicidin powder equivalent to 3 mg. (0.3%) Candicidin activity dispersed in starch, lactose and magnesium stearate.

CANDEPTIN VAGELETTES Vaginal Capsules contain 3 mg. of Candicidin activity dispersed in 5 gm. U.S.P. petrolatum.

Action: CANDEPTIN Vaginal Ointment, Vaginal Tablets, and VAGELETTES Vaginal Capsules possess anti-monilial activity.

Indications: Vaginitis due to *Candida albicans* and other *Candida* species.

Contraindications: Contraindicated for patients known to be sensitive to any of its components. During pregnancy manual Tablet or VAGELETTES Capsule insertion may be preferred since the use of the ointment applicator or tablet inserter may be contraindicated.

Caution: During treatment it is recommended that the patient refrain from sexual intercourse or the husband wear a condom to avoid re-infection.

Adverse Reaction: Clinical reports of sensitization or temporary irritation with CANDEPTIN Vaginal Ointment, Vaginal Tablets or VAGELETTES Vaginal Capsules have been extremely rare.

Dosage: One vaginal applicatorful of CANDEPTIN Ointment or one Vaginal Tablet or one VAGELETTES Vaginal Capsule is inserted high in the vagina twice a day, in the morning and at bedtime, for 14 days. Treatment may be repeated if symptoms persist or reappear.

Available Dosage Forms: CANDEPTIN Vaginal Ointment is supplied in a Patient Therapy Pack, containing two 75 gm. tubes with two applicators for the full course of treatment. CANDEPTIN Vaginal Tablets are packaged in boxes of 28, in foil with inserter—enough for a full course of treatment. CANDEPTIN Vagelettes Vaginal Capsules are packaged in a Patient Therapy Pack, containing 28 CANDEPTIN Vagelettes Vaginal Capsules (2 boxes of 14), for the full course of treatment. Store under refrigeration to insure full potency.

Federal law prohibits dispensing without prescription.

References:

1. Melges, F. J.: Obstet. Gynecol. *24*:921, Dec. 1964. **2.** Cameron, P. F.: Practitioner *202*:695, May 1969. **3.** Olsen, J. R.: Journal-Lancet *85*: 287, July 1965. **4.** Giorlando, S. W.: OB/GYN Digest *13*:32, Sept. 1971. **5.** Decker, A.: Case Reports on file, Medical Department, Julius Schmid. **6.** Friedel, H. J.: Md. State Med. J. *15*:36, Feb. 1966. **7.** Roberts, C. L. and Sullivan, J. J.: Calif. Med. *103*:109, Aug. 1965. **8.** Giorlando, S. W., Torres, J. F. and Muscillo, G.: Am. J. Obstet. Gynecol. *90*:370, Oct. 1, 1964. **9.** Abruzzi, W. A.: Western Med. *5*:62, Feb. 1964.

Innovators in candicidin therapy

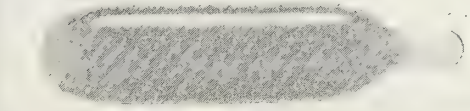
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(candicidin)

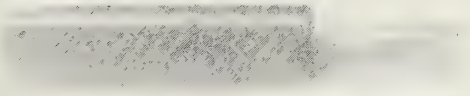
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- Sensitivity and temporary irritation with CANDEPTIN (candicidin) Vaginal Ointment, Vaginal Tablets, and VAGELETTES Vaginal Capsules have been extremely rare.

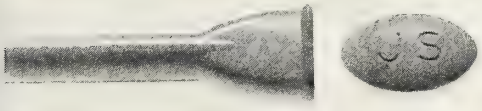
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The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

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Illustrations are desirable. Sele tion of illustrations submitted discretion of editor and editori board members.

Contributors are responsible f all statements made in their a ticles. The editors and editori board members may not be agreement with all views expresse by authors, but it is desired give all authors as great latitud as possible.

Articles are accepted for publ cation with the understanding th they are submitted for exclusiv publication.

Communications dealing wi editorial matter should be sent Frank B. Ramsey, M.D., Edito 3266 N. Meridian St., Room 70 Indianapolis 46208. All oth communications should be sent THE JOURNAL of the Indiana Sta Medical Association, 3935 N. Mer dian, Indianapolis 46208.

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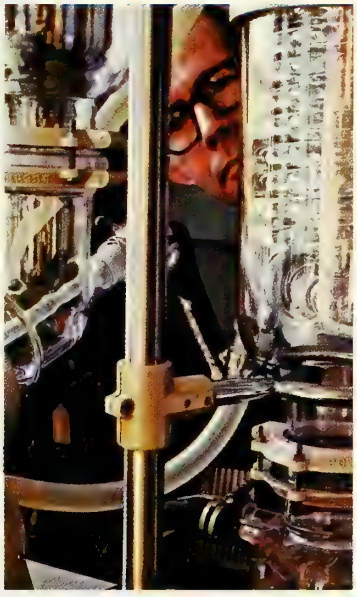
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We innovate. For instance, we cover mentally and emotionally handicapped people and alcoholism treatment in specialized institutions. And right now we have 7 experimental health care delivery systems in operation at 11 facilities across Indiana.

We pay health care bills promptly. We operate our business on about 6 cents out of each dollar received from our members.

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MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to The Journal on the first of each month preceding month of issue.

The American Medical Association is playing a guiding role in an attempt to establish an American blood commission that would assure a national, all-volunteer supply of blood for transfusions and medical emergencies by December 31, 1975.

The plan was made public by Richard E. Palmer, M.D., now chairman of the AMA board of trustees, and spokesman for the major groups involved in collecting, distributing and using blood.

Other major sponsors of the proposed American Blood Commission include the American National Red Cross, the American Association of Blood Banks and the Council of Community Blood Centers.

The proposed plan is for a volunteer program controlled at the local level, with medical societies playing a major role. Some 150 national groups with an interest in a safe blood supply would be members of a commission that would oversee each regional program. The regional programs, in turn, would guide the activities of blood banks and transfusion facilities in their own area.

Last fall the Administration warned that, if the private sector could not reach agreement on a national program, a federally mandated program would be sought from the Congress. The AMA stepped in and mediated the sharply different approaches advocated by the major blood groups.

The major difference had pitted a for-profit against a not-for-profit blood supply. In the non-profit field, the American Association of Blood Banks (AABB) and the American National Red Cross have vied for the leadership role. The non-profit blood banks—largely hospital units—chiefly have favored a non-replacement fee for blood as the most dramatic way of attracting donors, whereas the Red Cross traditionally has relied on strictly volunteer blood.

Under the proposed plan, the for-profits would be out in the cold. The hope is that a non-replacement fee system will not be needed, though it would be permitted.

The AMA-proposed plan has been published in the Federal Register in order to give interested groups time to comment. At a later date HEW will sponsor a conference to consider comments and decide a course of action.

Commenting on the proposal, Dr. Palmer told the news conference it "builds on the strengths of the pluralistic system."

"These partners in the American Blood Commission can communicate the medical necessity of a dependable blood supply to the general public from which volunteer donors must come," he said. "The systematic coordinated recruitment of volunteer donors called for by this plan depends on a receptive public attitude.

"By the end of 1975 every blood bank associated with one of the three major blood banking organizations expects to be drawing 100% of its blood supply from volunteer donors," Dr. Palmer said.

AMA Warns Congress against Kennedy Health Care Bill

The American Medical Association has warned Congress that legislation before it would treat the health sector as "one vast, monolithic public utility" with the Secretary of Health, Education, and Welfare "a health care czar."

Testifying before the Senate health subcommittee on a bill sponsored by Senator Edward M. Kennedy, (D-Mass.), AMA President Russell B. Roth, M.D., termed the bill "one of the gravest steps to be proposed concerning health care delivery." The measure calls for replacement of Comprehensive Health Planning and Regional Medical Programs by a formal planning system coupled with public utility regulations by state health commissions under HEW supervision. "We are opposed to the creation of public-utility-type regulatory controls and the planning mechanisms in this and similar measures," Dr. Roth said.

The bill before the Senate health subcommittee calls for a formal system of planning coupled with

Continued

THE INDIANA STATE MEDICAL ASSOCIATION

3935 N. Meridian, Indianapolis 46208—Telephone 925-7545

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District	Term Expires
1—Gilbert M. Wilhelmus, Evansville	Oct. 1974
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3—Eli Goodman, Charlestown	Oct. 1976
4—Howard C. Jackson, Madison	Oct. 1974
5—Cleon M. Schauwecker, Greencastle	Oct. 1975
6—Paul M. Inlow, Shelbyville	Oct. 1976
7—John O. Butler, Indianapolis	Oct. 1974
7—Joseph F. Ferrara, Franklin	Oct. 1975
8—Richard Ingram, Montpelier	Oct. 1975
9—William M. Sholty, Lafayette	Oct. 1976
10—Vincent J. Santare, Munster (Chairman)	Oct. 1974
11—James A. Harshman, Kokomo	Oct. 1975
12—John S. Farquhar, Jr. Fort Wayne	Oct. 1976
13—G. Beach Gattman, Elkhart	Oct. 1974

ALTERNATES

District	Term Expires
1—Bernard Rosenblatt, Evansville	1976
2—Betty Dukes, Dugger	1974
3—Thomas Neathamer, Jeffersonville	1974
4—William Blaisdell, Seymour	1976
5—William G. Bannon, Terre Haute	1976
6—Glen Ward Lee, Richmond	1975
7—John Pantzer, Indianapolis	1975
7—Donald McCallum, Indianapolis	1974
8—Jack L. Alexander, Muncie	1976
9—Max N. Hoffman, Covington	1974
10—Martin O'Neill, Valparaiso	1975
11—Lloyd L. Hill, Peru	1974
12—Walter D. Griest, Fort Wayne	1974
13—Donald S. Chamberlain, South Bend	1976

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Terms expire December 31, 1974:

Delegates: James A. Harshman, Kokomo; Eugene F. Senseny, Fort Wayne; Malcolm O. Scamahorn, Pittsboro.
Alternates: A. Alan Fischer, Indianapolis; Ross L. Egger, Daleville; Kenneth O. Neumann, Lafayette.

Terms expire December 31, 1975:

Delegates: Patrick J. V. Corcoran, Evansville; Lowell H. Steen, Hammond.

Alternates: Thomas C. Tyrrell, Hammond; Peter R. Petrich, Attica.

1973-74 DISTRICT MEDICAL SOCIETY OFFICERS

District	President	Secretary	Place and date of meeting
1.	William Dye, Oakland City	Martin J. Bender, Evansville	May 9, Evansville
2.	Robert O. Bethea, Farmersburg	J. S. Brown, Carlisle	June 13, 1974, Sullivan
3.	Claude J. Meyer, Jeffersonville	J. L. Millan, Jeffersonville	Sept. 14-15, Clarksville
4.	Kenneth E. Bobb, Seymour		June 12, Seymour
5.	J. Franklin Swain, Rockville	Antolin M. Montecillo, Clinton	May 22, Turkey Run
6.	James H. Tower, Jr., Shelbyville	Arlington M. Hudson, Connersville	May 9, Connersville
7.	Eric Clark, Plainfield	M. O. Scamahorn, Pittsboro	June 5, Indianapolis
8.	Paul W. Sparks, Winchester	Howard Koch, Winchester	May 29, 1974, Anderson
9.	Milton W. Erdel, Frankfort	Harry T. Stout, Frankfort	June 13, 1974, Frankfort
10.	Mario D. Mansueto, Munster	James R. Brown, Valparaiso	Sept. 25, Valparaiso
11.	Joseph S. Bean, Logansport	Fred Poehler, La Fontaine	Sept. 11, Logansport
12.	Franklin A. Bryan, Fort Wayne	Karl R. Schlademan, Fort Wayne	Sept. 12, 1974, Fort Wayne
13.	Jack Hannah, Elkhart	David L. Spalding, Mishawaka	Sept. 11, 1974, Elkhart

Continued

public utility regulation by state health commissions under the supervision of the HEW Department. It is part of a comprehensive measure extending certain public health service programs and making sweeping changes in the nature of the present Comprehensive Health Planning and Regional Medical Programs.

"In our view this extreme measure is unwarranted, without justification based on either experience or need. It carries serious potential for impeding a beneficial development of medical care," Dr. Roth said.

He termed the bill an "unprecedented federal involvement in matters which, under our federal system, have traditionally resided in state and local governments.

"We must caution against the imposition of a massive bureaucratic control of the health care system. The expertise within governmental bureaucracy must be questioned. We cannot afford to institute a system which can stifle meaningful competition, innovation and development of appropriate health care services and facilities. The economic forces inherent in this proposal could defeat the intention of this committee to foster the development of improvements in our health care delivery system."

A major provision of the legislation would require the state health commissions "to determine prospectively rates used for reimbursement purposes for health services of health care providers within the state and regulate all reimbursements if such health care providers made on either a charge, cost, negotiated, or other basis, and review such rates at least once a year."

All the authority ostensibly vested in the state bodies can ultimately rest in the HEW Secretary, Dr. Roth noted. He asked whether this means the federal government could:

—close down private health care institutions and even federal facilities?

—shut a municipal or state hospital?

—regulate salaries, wages, collective bargaining agreements of health care workers?

"Is the performance of the Secretary of HEW and the Administration so exemplary and so unquestionable that he should be the ultimate repository of the total authority over the entire health care delivery system?" Dr. Roth asked.

The strengths of the present system which have developed in the absence of structured planning should not be overlooked, testified Dr. Roth.

"In our view, the contemplated formal system of planning coupled with the public utility regulation cannot be justified," Dr. Roth said. "Nor should the extreme governmentally mandated system of planning and regulation be adopted without evidence that such a plan can reasonably be expected to succeed. We believe it is prudent to proceed on an experimental basis so as to determine what mix of voluntary planning together with governmentally required planning proves to be the most effective in specific regions of this country.

". . . In view of the potentially irreversible harmful effects of the proposed system upon our health care delivery system, we urge this committee to reject any such proposal."

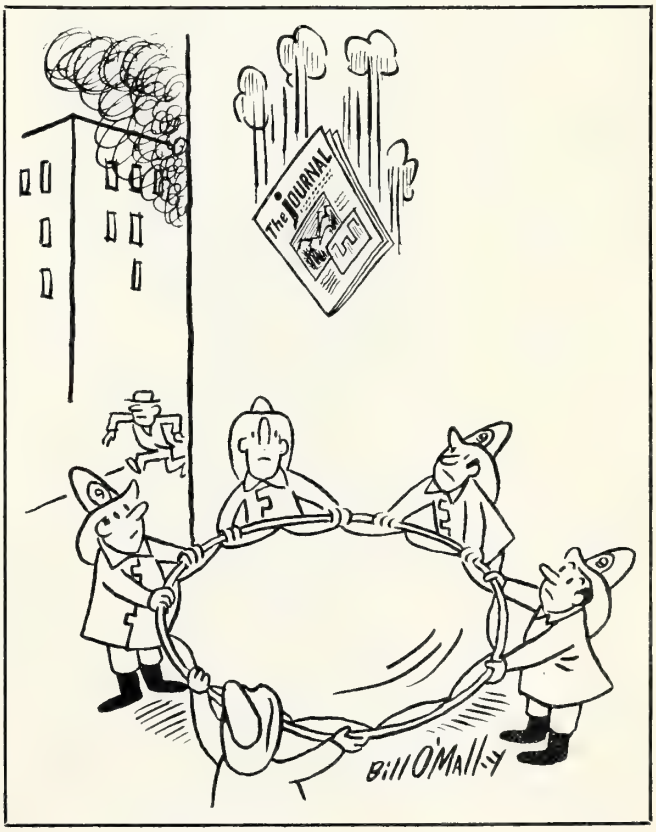
Dr. Roth was accompanied by James Sammons, M.D., then chairman of the AMA board of trustees and now Vice-President designate.

Senate Approves Deductions of up to $7,500 if Placed in a Qualified Pension Plan

Despite a strong labor-backed move to the contrary, the House easily approved legislation allowing self-employed people such as lawyers and physicians to deduct from federal income taxes up to $7,500 a year, provided it is placed in a qualified pension plan.

The Senate had already approved the provision—part of an overall pension reform bill—making

Continued



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Greene	Robert Moses, Worthington	Harry Rotman, Jasonville
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Newton	John C. Parker, Goodland	Marcelino F. Guzman, Morocco 47963
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Pike	M. H. Omstead, Petersburg	Donald Hall, Petersburg 47567
Porter	Alfred Kobak, Valparaiso	Frederick Hoham, 2674-P Portage Mall, Portage 46368
Posey	Paul Boren, Poseyville	Herman Hirsch, 130 W. 5th St., Mt. Vernon
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Starke	H. C. Ufkes, D.O., North Judson	Earl Leinbach, Hamlet
Steuben	Claude E. Davis, Angola	John J. Hartman, 909 W. Maumee, Angola 46703
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		William L. Purcell, Exec. Secy., P. O. Box 986, Terre Haute
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Washington	F. T. Castueras, Salem	Donald L. Martin, 304 E. Market St., Salem 47167
Wayne-Union	Frank Adney, Richmond	Frank Deanovic, 1400 Chester Blvd., Richmond 47374
Wells	Louis F. Bradley, Bluffton	Russell E. Graf, 1110 Highland Park Circle, Bluffton 46714
White	Warren V. Morris, Monticello	W. Martin Dickerson, 1114 O'Connor Blvd., Monticello 47960
Whitley	V. Park Huffman, South Whitley	Joe B. Mishler, P.O. Box 276, Pierceton 46562

chances of final Congressional enactment and signing into law almost certain.

The current Keogh program limitation on tax deferrals for retirement is $2,500—not to exceed 10% of income. The new provision allows $7,500—not to exceed 15% of income.

Spokesmen for the provision, including the AMA, urged lawmakers to approve on grounds the cost of living has increased dramatically since the Keogh Law was last liberalized.

The legislation for the first time imposes certain limitations on corporate retirement programs, including those for so-called professional service corporations. Tax deferrals will not be allowed on savings that would exceed a pension that brings in more than 75% of highest earnings over a three-year period or $75,000 a year, subject to cost-of-living allowances in the future. A "grandfather clause" exempts people eligible for more than $75,000 based on current compensation and additional period of employment.

203 PSRO Areas Designated; Indiana to Have 7

A total of 203 areas have been designated for Professional Standards Review Organizations (PSRO's) by DHEW, 21 more areas than tentatively proposed last December. Major change was allowing two larger states—Georgia and Washington—to operate as single PSRO areas.

The final area designations—published in the Federal Register—were handed down after a month-long review of hundreds of comments from physician groups.

"We have now reached an important milestone in implementing the PSRO program," commented HEW Secretary Caspar Weinberger. "Local physician groups can now take the lead role in establishing PSRO's for the areas we have designated."

The most significant change in the final regulation was naming Georgia and Washington as single PSRO areas. Both states have more than 5,000 physicians, and had been divided into three PSRO sections each. In the earlier proposed regulations, HEW had indicated it would hew to the 2,500-3,000 physician limit for a PSRO area. Many states and the AMA had urged HEW to permit some states with higher physician populations to serve as single PSRO's.

Other changes included designating as a single area Hawaii, American Samoa, Guam, and the Trust Territories. These Pacific areas had been proposed for two PSRO's.

Increases or decreases in the number of PSRO areas within states accounted for the remainder of the changes. Texas was increased from 8 to 9 areas; Michigan from 8 to 10; Florida from 8 to 12; and California from 21 to 28; and Wisconsin decreased from 4 to 2.

In addition, Illinois from 7 to 8; Indiana from 5 to 7; Maryland from 5 to 7; New York from 14 to 17; North Carolina from 4 to 8; and Ohio, 9 to 12.

All told, 31 states and territories will serve as single PSRO's; 22 as multiple PSRO's.

HEW invited applications for contracts from qualified physician organizatoins to plan PSRO's, to begin operation of PSRO's on a conditional basis, or to establish statewide organizations to provide support services to local PSRO's.

'We believe that PSRO's which are to be planned, operated and controlled by private physicians can significantly improve the quality of medical care rendered in institutions to beneficiaries of government health programs," said Weinberger.

"For this reason, we have proposed that PSRO's be expanded to monitor the quality of all services provided under the Comprehensive Health Insurance Plan which President Nixon recently submitted to Congress."

The head of the PSRO program said the new statewide Support Center Plan would give large state medical societies essentially what they sought in their fight for single-state PSRO status.

Henry Simmons, M.D., told *AMA News* that the larger states never intended to do the review and standard setting on a statewide basis. According to Dr. Simmons, those states wished to provide the leadership and support for PSRO in their states. "Now that makes a good deal of sense," the Deputy Assistant Secretary of Health said.

"We see it (the statewide Support Center) as a way in which state organizations can provide very important leadership and very important services centrally and that makes a lot of sense from our standpoint from the standpoint of efficiency," Dr. Simmions said. "We see them as providing a very important role in getting the PSRO program started in their states, using goodwill and leadership in educating the profession. . . ."

The Statewide Support Center idea was one of the major new announcements in the final PSRO area designation rules.

Dr. Simmons was asked why Texas and other state societies from large population states were turned down in their bid for single PSRO area designations

Continued

ISMA Committees and Commissions for 1973-1974

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Medical-Legal Review

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Convention Arrangements

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and why Georgia and Washington were picked.

He said Texas is too big and diverse. "There are too many major areas in that state which just don't relate to one area for medical services—thus (it) cannot be designated as a single state area."

By contrast, according to Dr. Simmons, in both Georgia and Washington "there is a concentration of specialists and a majority of physicians in one particular area—in Georgia, the Atlanta area; in Washington, the Seattle-Tacoma-Bremerton area."

Though present PSRO areas might be changed in the future, Dr. Simmons indicated there was little chance any of the larger states would qualify to join Georgia and Washington as single-state PSRO areas. He said those two states, with more than 5,000 physicians each, were at "the upper limit" of physician population for a PSRO area.

Simon Urges Adequate Gas Supplies for Medical Personnel

Within hours after Drs. James Sammons and Richard Palmer, representing the AMA board of trustees, pressed a call upon energy czar William Simon with respect to the effect of gasoline shortages on physicians and their care of patients, Simon wired a statement to all state governors suggesting that they establish a special rule to assure adequate gas for medical personnel and other essential public services.

The statement read in part: "State and local governments may want to consider establishing such a procedure where long lines or early gas station closings could limit the mobility of doctors, nurses and other medical personnel in providing medical services. Special accommodations also might be considered for those who provide other vital public services.

"I urge your consideration of need for special arrangement to assure gas to all those who perform these essential public services, when it is necessary to their work." ◄



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Complete literature available on request from Professional Services Dept. PML.

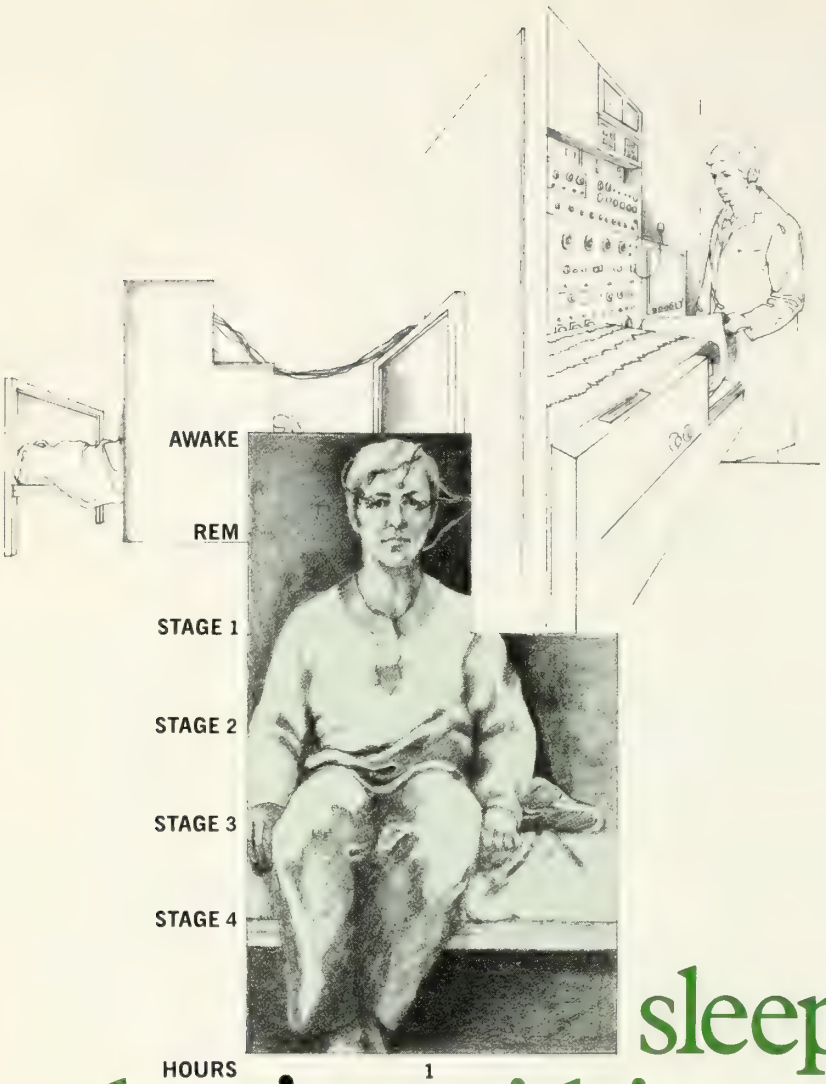
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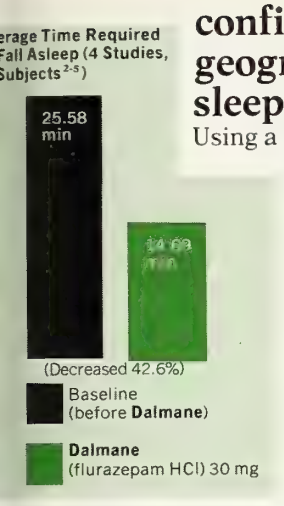
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proved by a 22-night clinical study of insomnia patients in the sleep research laboratory and at home[1]

Three insomnia patients selected for difficulty falling asleep were administered Dalmane (flurazepam HCl) 30 mg for 14 consecutive nights. Placebo was given for four nights prior to and four nights after Dalmane. Physiologic tracings on Dalmane nights 1-3 showed sleep induction time averaged 13.90 minutes; on Dalmane nights 12-14, 18.80 minutes. Combined average for the 6 monitored drug nights was 16.35 minutes.[1]



confirmed by clinical studies in four geographically separated sleep research laboratories[2-5]

Using a 14-night protocol involving eight insomniac and eight normal subjects, four studies confirmed the sleep-inducing effectiveness of Dalmane (flurazepam HCl) and the reproducibility of this response. On average, one 30-mg capsule induced sleep within 17 minutes. In all these studies, Dalmane induced sleep rapidly, reduced nighttime awakenings, and provided 7 to 8 hours of sleep without repeating dosage[2-5]

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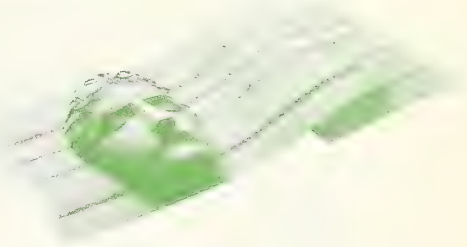
nings: Caution patients about possible combined effects with alcohol and other CNS ressants. Caution against hazardous occupations requiring complete mental alertness , operating machinery, driving). Use in women who are or may become pregnant only when ntial benefits have been weighed against possible hazards. Not recommended for use in ons under 15 years of age. Though physical and psychological dependence have not been orted on recommended doses, use caution in administering to iction-prone individuals or those who might increase dosage.

autions: In elderly and debilitated, initial dosage should be ted to 15 mg to preclude oversedation, dizziness and/or ataxia. mbined with other drugs having hypnotic or CNS-depressant cts, consider potential additive effects. Employ usual precautions atients who are severely depressed, or with latent depression or idal tendencies. Periodic blood counts and liver and kidney ction tests are advised during repeated therapy. Observe usual autions in presence of impaired renal or hepatic function.

erse Reactions: Dizziness, drowsiness, lightheadedness, gering, ataxia and falling have occurred, particularly in elderly ebilitated patients. Severe sedation, lethargy, disorientation and a, probably indicative of drug intolerance or overdosage, have n reported. Also reported were headache, heartburn, upset nach, nausea, vomiting, diarrhea, constipation, GI pain, nervous- s, talkativeness, apprehension, irritability, weakness, palpitations, st pains, body and joint pains and GU complaints. There have been rare occurrences of sweating, flushes, difficulty in focusing, red vision, burning eyes, faintness, hypotension, shortness of ath, pruritus, skin rash, dry mouth, bitter taste, excessive saliva- , anorexia, euphoria, depression, slurred speech, confusion, lessness, hallucinations, and elevated SGOT, SGPT, total and ct bilirubins and alkaline phosphatase. Paradoxical reactions, excitement, stimulation and hyperactivity, have also been orted in rare instances.

age: Individualize for maximum beneficial effect. *Adults:* 30 mg al dosage; 15 mg may suffice in some patients. *Elderly or debil- ed patients:* 15 mg initially until response is determined.

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FERENCES: 1. Kales A, *et al*: *Arch Gen Psychiatry 23*:226-232, Sep 1970
Karacan I, Williams RL, Smith JR: The sleep laboratory in the investigation of sleep and ep disturbances. Scientific exhibit at the 124th annual meeting of the American Psychiatric ociation, Washington DC, May 3-7, 1971
Frost JD Jr: Data on file, Medical Department, Hoffmann-La Roche Inc, Nutley NJ
Vogel GW: Data on file, Medical Department, Hoffmann-La Roche Inc, Nutley NJ
Dement WC: Data on file, Medical Department, Hoffmann-La Roche Inc, Nutley NJ

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Opinion & Dialogue

Is there a need for a drug compendium?

Government Health Official

Henry E. Simmons, M.D.
Deputy Assistant Secretary for Health
Department of Health, Education and Welfare



A drug compen
of the type I envi
would fill a definit
need for the pr
ing physician. S
compendium
give him a
information
essary for
a drug intelligently, and it wou
do so in a clear, concise, con-
venient, objective and balanc
fashion.

What a Compendium Should Contain

I believe the compendiu
should inform the doctor wha
drug will do, when he should
for what type of patient, for h
long, in what dose, what bene
his patient is likely to obtain, t
risks involved, and cross-reac
with other drugs.

The information would b
based on the package insert a
have the same legal status. In
a complete compendium with
plete and current information
might even eliminate the nec

Maker of Medicine

Joseph F. Sadusk, Jr., M.D.
Warner-Lambert Company



A drug compendium, o
preferably compendia, shoul
believe, be private, not federa
sponsorship. They should con
comprehensive listings of dru
available for prescribing. The
should be single, legibly print
volumes of reasonable size, u
dated quarterly or semiannua
and completely revised every

Function of a Compendium

A compendium should f
nish the following information
drugs in the following order: i
tions for use, side effects, adv
drug reactions, contraindicat
drug interactions, drug dosag
the dosage forms marketed.
prices should not be included
cause they vary so widely and
change rapidly.

No compendium should
forth drugs of choice or discu
relative efficacy. Such questi
must be left for the practicing
sician to decide, whether on t
basis of the medical literature
own clinical experience, advi
colleagues, information supp
by manufacturers, and so on.

Nor should a compendiu
undertake to educate the doc
how to use drugs. Rather, it m
be a reference source designe
marily to refresh his memory
drugs he may not use regular

a package insert in many in-
nces. This would constitute a
ostantial saving for the manu-
turer.

By a complete compendium,
o not mean a volume of prohibi-
e size. You don't need a book
scribing 25,000 products with
enormous amount of repetition.
ther, drugs should be arranged
class. Mutually applicable infor-
tion would be provided, along
h brief discussions pinpointing
ferences in specific drugs of
t class. Listings would be cross-
exed in a useful way.

ner Available Documents as urces of Information

Existing references such as
R and the AMA Drug Evaluation
obviously useful but they are
omplete. Either they are not
ss-referenced by generic name
d do not group drugs with simi-
characteristics, or they do not
all the available and legally
rketed drugs. And some of
se omitted may be very useful.

On the other hand, drugs made by more than one supplier, tetracycline for example, may be fully described a dozen times in the same book.

While perhaps PDR could be rearranged and cross-indexed with generics included, and while the AMA Drug Evaluation might also be modified and expanded, I am not sure that the end result would have all the attributes required for a useful compendium. At the same time, you would run the risk of amassing a voluminous and unwieldy tome.

Should Editorial Comments Accompany the Listings?

Subjective judgments, in my opinion, have no place in a compendium. However, if there is substantial evidence based on a sound body of science concerning relative efficacy of several drugs, certainly that information should be included. The committee of experts compiling and editing a particular section would also have to assess and indicate instances where a meaningful difference between drugs is pertinent.

Sponsorship, Compilation and Editing

Producing a book like this would undoubtedly be difficult and demanding. It would obviously take a great deal of talent and expertise, and would require a varied and experienced group, ranging from writers and editors to highly skilled clinicians and pharmacologists. Style, format and clarity of language would play an important part in determining the usefulness of the book. And it should be updated periodically and completely revised annually.

I have no opinion whether the government or the private sector should sponsor and/or finance the compendium. What is most important is that the compendium be an authoritative, objective and useful source of information for the doctor to have at hand as a ready reference.

ould in no way imply control over
practitioner's prerogatives.

y Another Compendium?

A practicable, single-volume
mpendium cannot, nor is it
cessary to, include all drugs on
market today. From my prac-
e of internal medicine for some
years, my experience as a con-
tant, and as a faculty member
four or five medical schools, I
uld estimate that a doctor uses
y 30 to 35 drugs regularly. The
72 Physicians' Desk Reference,
identally, contained about
00 entries.

As to whether there should be
ederal compendium, in my opin-
, as stated earlier, the answer is
sy—there should *not* be one. The
oposal assumes that existing
mpendia are inadequate. We're
t sure of that at all. Whatever its
perfections, the present drug
ormation system in the U.S. is
en, multifaceted, pluralistic and
tensive. Good compendia exist,
well as other ample sources on
ug therapy, ranging from journal
erature through AMA Drug Evalu-
on to company materials. Not
physicians may use such
urces as often or as well as they
ould, but that is the fault of the
an, not of the sources.

In any event, rather than produce another book, it makes much more sense to work on improving existing compendia, and perhaps they could, as knowledge advances, include more accumulated clinical data and experience, and more information on drug interactions and adverse reactions.

Implications of a Federal Compendium

Take a hard look at the implications of a federal compendium. It would have the force of law, virtually dictating what drugs to use and how to use them. In effect, it would be a regulatory document with legal or quasi-legal status, posing medical/legal problems similar to those the doctor may now encounter if and when he departs from the provisions of the package insert. A compendium under federal aegis would tend to restrict decisions on drug therapy to one orthodox level—a most dangerous trend for medicine.

New Compendium—A Medical Option

I detect no ground swell of initiative or support whatsoever for a federal compendium—or, for that matter, for a new compendium of any type. A 1969 PMA survey conducted by Opinion Research Corporation found that only 15 per cent of those physicians interviewed felt a new compendium was needed. And a large majority did not favor the involvement of the federal government if one were to be created, preferring instead a nongovernmental consortium.

Even if we come to a time when the medical profession itself opts for a new kind of compendium, it should be handled and financed, ideally, outside both government and industry. Final review and editorial authority could be delegated, say, to specialty bodies and medical societies—but above all, *not* the government.

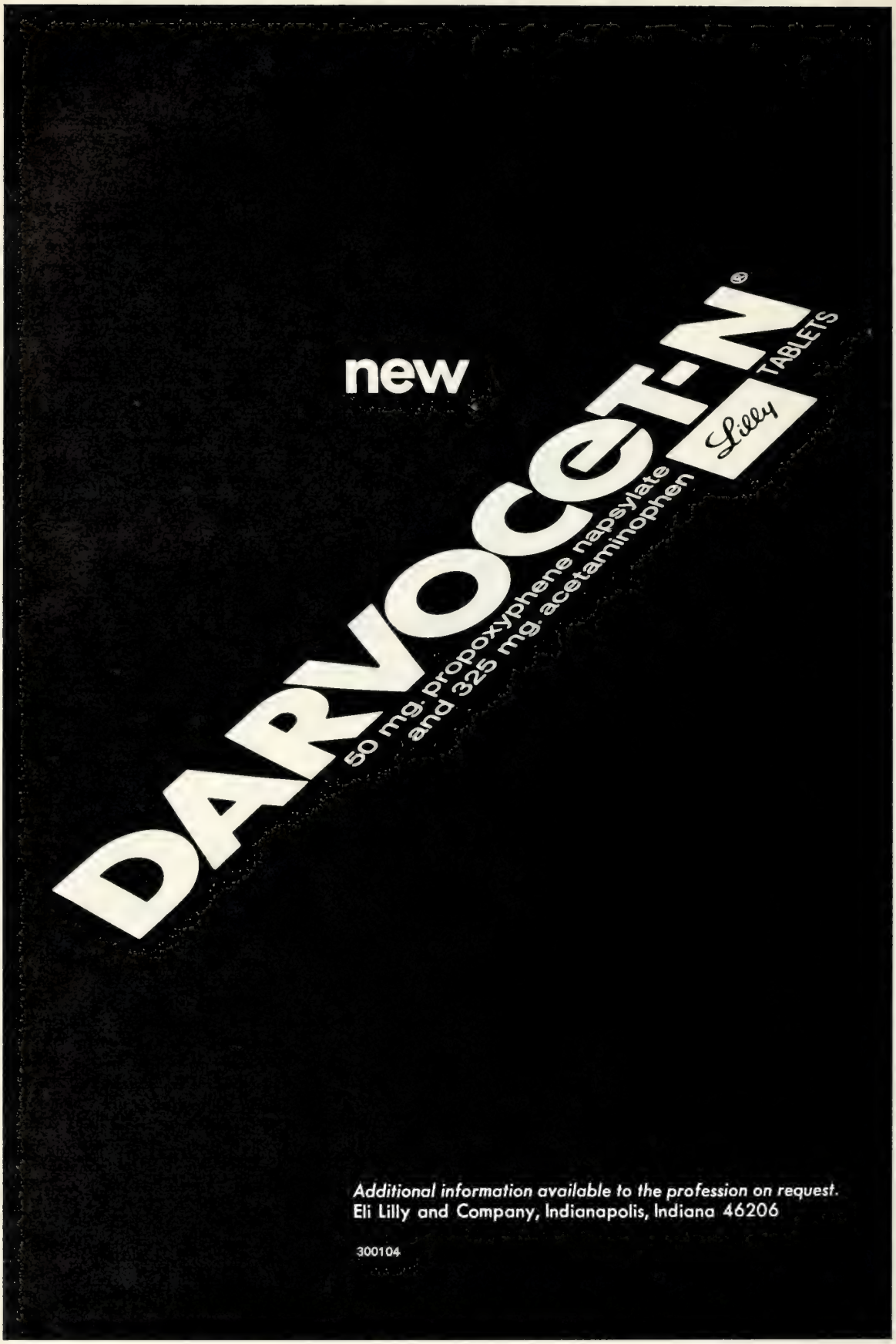
Surely the health care system in the United States has far more vital matters to consider than the extensive cost and effort that would have to go into the preparation and maintenance of a new, monolithic compendium, and especially one bearing the imprimatur of the federal government.

Opinion & Dialogue

What is your opinion, doctor? We would welcome your comments.

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 67—May 1974—Number 5

Intraluminal Diverticulum of the Duodenum: Report of a Case with Roentgenologic and Endoscopic Appearance

BERNARD D. ROSENAK, M.D.
STANLEY M. CHERNISH, M.D.
JOHN A. ROBB, M.D.
ROSCOE E. MILLER, M.D.
Indianapolis

INTRALUMINAL diverticula of the duodenum are rare nomalous lesions of the duodenum. A recent report by Guerrier and Turner includes a review of the literature and a case report bringing he total reported cases to 24.[1] The earliest reported case was that of Silcock who described the lesion t autopsy in 1885.[2] Nelson was he first to describe the x-ray findngs in 1947.[3] The articles to be ound in the literature consist of ase reports with a description of he roentgenologic findings, which re almost identical in each instance. The clinical symptoms and pathoogic findings in the occasional cases equiring operation are also very imilar in each report.[4,5]

No complete agreement as to the cause for this developmental anomaly is found in the literature. Many authors have attributed the development of a sac-like structure within the lumen of the second portion of the duodenum to stretching of a congenital diaphragm as a result of peristaltic activity; thus producing a blind pouch. Others explain the development of these intra-duodenal cysts on an embryological basis such as occurs in the reduplication of other parts of the intestinal tract. Faigenburg and Bosniak describe reduplications of the intestines as cyst-like structures which contain epithelial, stromal and muscular layers similar to the viscera from which they arise.[4] The basic embryologic defect is probably a failure of complete coalescence of the fetal vacuoles which form in the solid state of the developing primitive intestine at the 15-20 mm stage.[6] The formation of the lumen of the intestine is due to the coalescence of these vacuoles. According to those authors who subscribe to this explanation of the development of the intraluminal cysts or diverticula, one or more of these vacuoles may remain isolated from the main lumen of the developing viscus, thus forming a reduplication of the bowel. If the vacuole communicates with the main lumen proximally only, an intraluminal cystic structure such as we are now considering persists. This explanation seems soundly based embryologically and is more in keeping with the roentgenologic, surgical and pathologic findings reported.

Although intraluminal diverticula of the duodenum may be rare, they can be associated with severe abdominal symptoms. The most common is bleeding, which was reported in five of the 24 cases collected by Guerrier and Turner.[1] Varying degrees of obstruction have also been encountered. In some cases abdominal pain, nausea, and vomiting have been reported. However, in the majority of instances

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these lesions are asymptomatic and are often incidental discoveries on x-ray examination of the upper gastrointestinal tract in adults. The lesion has rarely been found in childhood probably because it is usually asymptomatic and barium studies of the upper bowel are not done as often in children.

The roentgen diagnosis is quite obvious. The diverticulum usually arises in the region of the ampulla of Vater and opens into the lumen. On filling of the duodenum the diverticulum fills with barium and is seen as a sac-like filling defect occupying the second portion of the duodenum with its blind pouch upward in the duodenum often as high as the bulb. An air fluid level may be seen. A most characteristic finding is a zone of radioluscence surrounding the cyst which is due to the cyst wall itself. The size of the structure may vary greatly depending on its actual size and its degree of filling. Rarely, multiple lesions have been seen.

Case Report

Mr. W.S.D. is a 47-year-old air traffic control administrator who suddenly became ill at noon on August 6, 1972 (in the waiting room of an airport some distance from home). He developed severe nausea associated with marked perspiration, weakness and faintness. He may have lost consciousness briefly. With the help of his companion, he was able to board a plane and return home. The above symptoms continued. There was no abdominal pain. Later that evening he passed a large tarry stool and was then admitted to the hospital. There was no history of prior gastrointestinal complaints. He admitted to the very moderate use of alcohol and coffee, but smoked two to three packages of cigarets daily and usually took six to eight aspirin tablets daily for headaches. The past and family histories revealed no pertinent information. On physical examination the patient was a well-developed and well-nourished man who appeared to be very pale. The skin was warm and dry; pulse rate was 110 per minute. The blood pressure was 120/80 in the sitting position and 100/80 in the standing position. The upper respiratory tract was normal. The eyes and ocular fundi were normal. No masses, tenderness or rigidity were noted on abdominal examination. Digital examination of the rectum was negative, and the rectum was full of tarry black material strongly positive for occult blood. On admission, the hemoglobin level was 14.2 gm and hematocrit reading 40%. On August 11 the hemoglobin was 11.3 gm and hematocrit 33%. No transfusion was given. He was treated by bed rest, early feeding of the usual modified hospital ulcer diet, and administration of large doses of antacids. Anticholinergic drugs were administered soon after admission. Fractional gastric analysis with Histalog stimulation revealed high levels of hydrochloric acid considered to be in the duodenal ulcer range.

X-ray examination of the upper gastrointestinal tract was performed on August 9, the third day of his illness. There was evidence of a large ulcer on the posterior wall of the antrum of the stomach (Fig. 1). The second portion of the duodenum was widened and the mucosal pattern was abnormal. The exact nature of this pathology was not determined (Fig. 2).

Following hospitalization, Mr. D. was maintained on ulcer manage-



FIGURE 1
A large gastric ulcer on the posterior wall of the antrum of the stomach.

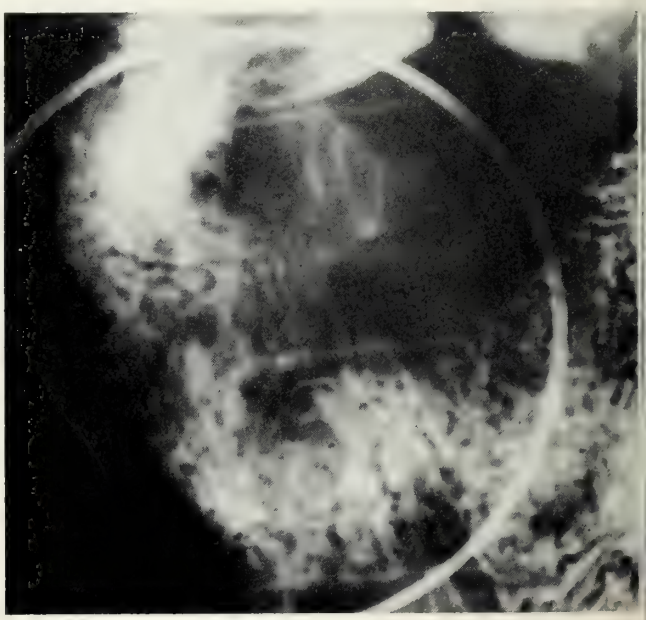


FIGURE 2
Abnormal mucosal pattern and widening of the second portion of the duodenum.

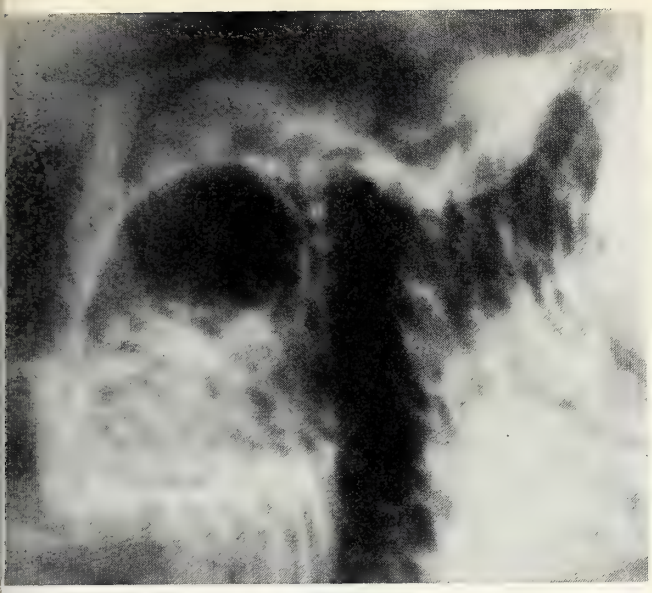


FIGURE 3
An air-filled cyst-like structure in the second portion of the duodenum.



FIGURE 4
The large intraluminal diverticulum of the second portion of the duodenum; wall is well demonstrated.

ment with large, frequent doses of antacids and has remained symptom-free. The feces have been negative for occult blood and his blood count has been normal. He was x-rayed for the second time on September 27, 1972 (J.A.R.). This study revealed the esophagus and stomach to be entirely normal with no indication of gastric or prepyloric ulcer. The duodenal bulb was normal. The second portion of the duodenum appeared to contain a pouch-like structure within its lumen (Fig. 3). This structure seemed to be attached in the area of the ampulla of Vater and rose upward toward the duodenal bulb. It seemed to be several centimeters long and the upper end was blunt and freely movable. In some views this portion of the cyst contained an air fluid level. The diagnosis was reported as a duplication of the second portion of the duodenum, or a communicating enterogenous cyst, or a so-called internal duodenal diverticulum. The patient was x-rayed a third time on October 19, 1972 (R.E.M.), at which time hypotonic duodenography using glucagon was performed. This study revealed a large intraluminal diverticulum of the duodenum and excellent film studies were obtained (Fig. 4). An extraluminal diverticulum was also seen.

Mr. D. was kind enough to permit us to perform gastroduodenography on him on November 8, 1972. He was prepared by administration of 50 mg of Demerol i.m. and 10 mg of Valium i.v. During the examination 2 mg of glucagon was administered i.m.[7] Examination of the esophagus revealed no abnormality. The stomach showed slight gastric atrophy but was otherwise entirely negative. No evidence of a gastric ulcer was seen in the antrum or prepyloric area. The duodenum was entered with ease. After the injection of glucagon the lumen of the duodenum dilated markedly. A large intraluminal tortuous mass arose from the left side deep in the second portion of the duodenum. This appeared to be attached at its narrow distal end. The gastroscope was not long enough to pass the lesion completely in this patient. The upper portion was freely movable and presented a widened bulbous tip. Although several attempts were made, it was not possible to enter the diverticulum or to see the entrance of the sphincter of Oddi. The color of the duodenal mucosa was normal; that of the intraluminal cystic lesion was quite pale. A num-



FIGURE 5
The large intraluminal mass seen on entering the second portion of the duodenum (see arrows). Photograph taken through a Model GIF Type D Olympus Gastroduodenoscope.

ber of photographs were taken; one copy is presented in Figure 5.

Summary

A case of a rare anomalous lesion of the duodenum is presented. This consists of a cyst-like intraluminal structure in the second portion of the duodenum which is variously described as a duplication of the duodenum, an intraduodenal diverticulum or an enterogenous cyst of the duodenum. A review of the literature reveals that 24 such lesions have been reported. This condition is usually encountered in adults and is not associated with clinical symptoms. However, abdominal pain, upper gastrointestinal bleeding and obstructive symptoms have been reported in several instances. In the present case associated peptic ulceration of the antrum was noted by x-ray. The patient had suffered from a moderate hemorrhage from the upper g.i. tract and it was thought that his bleeding probably came from the ulcer in his stomach rather than from the intraduodenal diverticulum. The x-ray findings of this lesion were almost identical to all others reported previously. A large smooth intraluminal diverticulum surrounded by a zone of radiolucence was seen. This at times contained a fluid air level and was found to be freely movable at its upper end. Gastroduodenography was performed in this case and the presence of a large intraluminal cystic lesion was confirmed. No evidence of ulceration or bleeding from this site was detected. The lesion appeared to be fixed at its lower end in the region of the ampulla of Vater. A number of satisfactory photographs were obtained. The patient has been managed with routine ulcer treatment and has had no recurrence of g.i. bleeding. The intraduodenal diverticulum itself was thought to be symptomless.

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Anesthesia and Urinary Retention in Obstetrics

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Indianapolis

THE choice of the best anesthetic for obstetrics procedures depends on a variety of factors. One consideration is the post-delivery sequelae of the anesthetic technique. Of concern is the patient's ability to void in the immediate postpartum period.

It has been suggested that parturients who deliver with spinal, lumbar epidural or caudal anesthesia have more urinary retention than those who deliver with general, local infiltration, pudendal or no anesthesia. Greene[1] believes that spinal anesthesia is invariably associated with inability to void regardless of how low the sensory level of anesthesia may be. However, Bonica[2] states that there are no well-controlled studies showing a higher incidence of urinary retention with spinal or epidural block than other forms of anesthesia. Lund[3] says that the inability to void after a surgical procedure depends on the operative procedure rather than the anesthetic technique. In a series of 65,000 surgical cases he found no higher incidence of retention after spinal than after general anesthesia.

The act of micturition involves a spinal reflex arc which is controlled by higher centers in the brain. These centers may initiate micturition or respond to the reflex arc by facilitation or inhibition. Innervation of the bladder and urethra is by means of sympathetic fibers from the tenth thoracic to the first lumbar spinal nerves traveling through the hypogastric plexus, parasympathetic fibers from the second to fourth sacral nerves via the pelvic nerves, and somatic fibers from the same sacral segments through pudendal nerves. The sensory afferents travel predominantly with the parasympathetic fibers.

Anesthesia affects bladder emptying in several ways. General anesthesia obtunds the higher centers of the nervous system so the reflex can be facilitated only after the patient has awakened to the extent that she can initiate voluntary voiding.

Epidural or subarachnoid block interferes with both the reflex arc and conscious initiation of micturition. Differential blockade of nerve fibers occurs in both types of block. The larger the fiber, the higher the concentration of local anesthetic needed to block impulses. Autonomic nerves are among the smallest fibers. It is possible to recover motor function and even have return of sensation but still have a concentration of anesthetic remaining which is sufficient to block the parasympathetic fibers.

The use of large volumes of local anesthetic in pudendal blocks sometimes results in anesthetic diffusing proximally along the nerve with subsequent paravertebral block. The effect of this block on micturition is the same as with spinal or epidural blocks. Local infiltration of the perineum has no effect on the process of micturition.

Method

The incidence of postpartum urinary retention for 2,000 consecutive vaginal deliveries was determined. Significant urinary retention was diagnosed if the patient required catheterization in the postpartum recovery room for one of the following reasons:

1. The bladder was sufficiently distended to displace the fundus of the uterus to one side;
2. The distended bladder interfered with uterine tone and resulted in increased bleeding;
3. The bladder distention resulted in discomfort to the patient;
4. The bladder was palpable and the patient had not voided for six to eight hours.

Parturients are not routinely catheterized at the time of delivery. Catheterization may be done when a distended bladder interferes with delivery.

Postpartum patients remain in the recovery room two to six hours. Those patients with regional blocks have an intravenous infusion going, not all others do. All patients with spinal blocks are kept flat four to six hours past delivery. Patients with epidural blocks are allowed to have the head of the bed elevated and may ambulate when full sensation has returned and vital signs are stable in the upright position.

Recovery room nurses encourage every patient to void before they resort to catheterization. They allow the patient to sit on the side of the bed on a bed pan. Those who may be safely ambulated are taken to the bathroom. Patients may be given an analgesic to enable them to void over a painful perineum.

This study was an observation of routine care of the postpartum patient. No effort was made to influence medication received, type of anesthesia, method of handling postpartum care or the incidence of catheterization.

From the Methodist Hospital of Indiana, 1604 N. Capitol Ave., Indianapolis 46204.

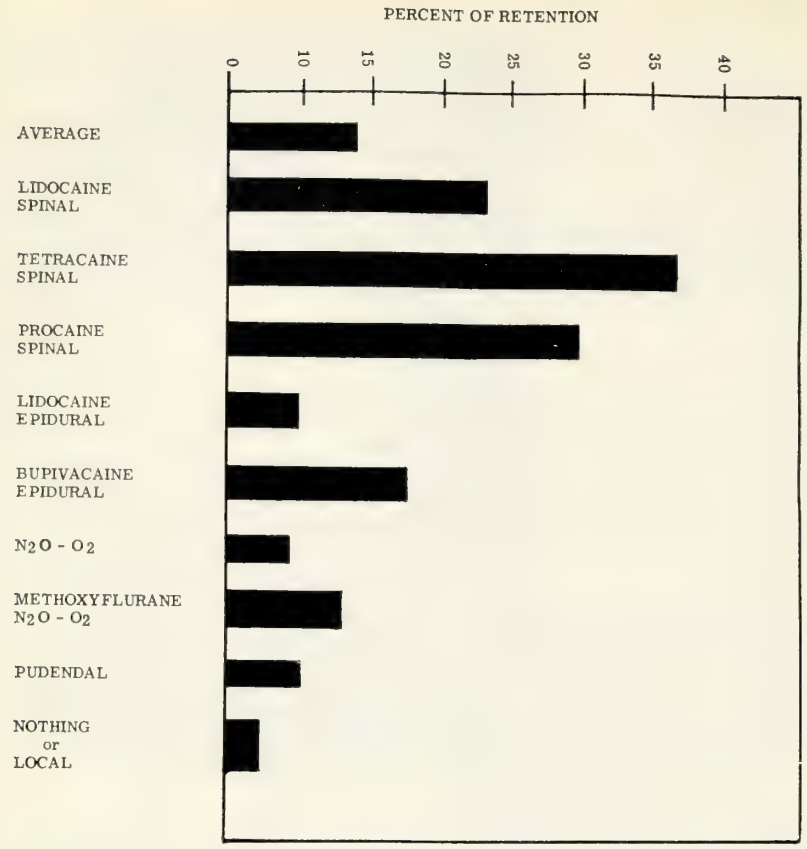


FIGURE 1

Results

Table 1 and Figure 1 both illustrate the incidence of urinary retention following various anesthetic techniques. The overall incidence is 14.2%. Urinary retention was more common following spinal blocks, regardless of the anesthetic used, than after any other technique. The shorter-acting local anesthetics gave a somewhat lower incidence.

Occurrence of retention following each of the other techniques was not significantly different from the overall incidence. It seemed to make little difference whether the patient received general anesthesia or an epidural or pudendal block.

Although there is no control group for comparison, we believe that the higher incidence of retention following spinal block is possibly as much due to the postpartum practice of keeping the patient supine as it is to the occurrence of sympathetic blockade.

Assuming that it is desirable to have our patient void spontaneously, the following suggestions are made to reduce the incidence of postpartum urinary retention with the need for catheterization:

1) When performing a spinal block use a needle that is associated with the lowest incidence of spinal headache—a 25-or 26-gauge conventional bevel or a pencil point needle. Then, when stable, allow these patients to sit up with assistance to attempt to void;

2) Use a short acting local anesthestic such as lidocaine or procaine for spinal blocks;

3) Limit intravenous fluids to maintenance volumes except when needed to replace blood loss or expand a dilated vascular bed;

4) Consider catheterization at the time of delivery if the patient has a full bladder. Conditions are likely to be more sterile in the delivery room than in the recovery room.

Summary

The effect of anesthetic techniques on the incidence of postpartum urinary retention was studied. It was found that retention occurred more commonly after spinal blocks than after general anesthesia or other types of regional block. This occurrence is thought to be a function of postpartum procedure as well as persistent sympathetic block. Suggestions are made to decrease the occurrence of urinary retention in the immediate postpartum period.

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TABLE 1

	NUMBER OF ANESTHETICS	NUMBER WITH RETENTION	PERCENT
Spinal — Tetracaine	194	72	37.1%
Spinal — Procaine	38	11	28.9%
Spinal — Lidocaine	38	9	23.6%
Epidural — Bupivacaine	52	9	17.3%
N_2O — MOF — O_2	1146	140	12.2%
Epidural — Lidocaine	137	13	9.5%
Pudendal	207	18	8.7%
N_2O — O_2	119	10	8.4%
Local or none	69	2	2.9%
All technics	2000	284	14.2%

A young patient with craniocerebral and crushed chest injuries developed supraventricular tachycardia several times associated with flailing of the chest. Each time the problem was resolved by controlling the respiration either manually with an oxygen bag or with a ventilator.

Arrhythmia Associated with Flailing of the Chest

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Marion

SEVERE crushing injuries of the chest have become more common during the last two decades because of the extensive use of the automobile. In one review of crushed chest injury cases, 60% of the patients were involved in a vehicular accident.[1] Multiple fractures of the ribs and sternum are common in this type of trauma, which results in flailing of the chest during spontaneous ventilation. The use of mechanical ventilation with volume limited respirators has been found to be effective in "splinting the chest wall" and in maintaining satisfactory alveolar gas exchange.[1,2,3,4]

The possibility of cardiac injury must be seriously considered in all patients with chest trauma because of its vulnerable position in the mediastinum.[5,6] Varying degrees of serious cardiac injury may occur, ranging from petechial hemorrhages and contusion of the myocardium to actual rupture of its chambers, valves or vessels.[1,5] These are generally manifested by dramatic changes in the vital signs and the electrocardiogram.[1,6]

Arrhythmias can be a manifestation of trauma to the heart[1,7] but may also arise from shock and hypoxia.[4,8] It has been suggested that the mechanical effects of flailing on intrathoracic hemodynamics can result in an impaired venous return and a low cardiac output.[7,9] In this report a patient developed serious arrhythmias repeatedly during flailing of the chest. All causes other than those attributable to mechanical factors were eliminated clinically.

Dr. Urgena is staff anesthesiologist at the Marion General Hospital, Marion, Indiana. Data for this article was collected while he was Director of the Intensive Care Unit, University of Iowa Hospitals and Clinics, Iowa City.

Case Report

The patient, a 19-year-old boy who was in an automobile accident, suffered craniocerebral trauma, multiple fractures of the costochondral junction and sternum and multiple lacerations.

He was initially admitted to an outlying hospital where the surgeons performed a thoracotomy during which they sutured the divided sternum and the ribs and sutured a laceration of the right lung. They also performed a tracheostomy, inserted a chest tube in the right side and sutured the multiple lacerations in the face and upper extremities.

Ten hours later he was admitted to the University hospital intensive care unit where his respiration was controlled with a volume limited respirator.

On admission he was unresponsive except to painful stimuli. The left pupil was dilated and nonreactive to light. The right pupil was 3 mm in size and strongly reactive. His blood pressure and pulse were stable. The Hb was 14.6 and WBC 28,000. Urine output was good and serum electrolytes were within satisfactory limits.

The first episode of arrhythmia occurred after a nurse disconnected the respirator in order to suction his airway. He started flailing very vigorously and within a minute his EKG tracing changed to a sinus tachycardia and within another minute to ventricular tachycardia. The house officer on call administered 40 mg of lidocaine intravenously but it had no effect on the arrhythmia. In the meantime, a nurse had attached a breathing bag with 100% oxygen to the patient's airway and manually hyperventilated him in an attempt to control his respiration. As soon as she gained complete control of his respiration, the patient reverted to a normal sinus rhythm.

About an hour later the respirator was disconnected so that the patient's airway could be aspirated. With the onset of flailing he developed a supraventricular tachycardia with a rate of 180-200/min associated with a drop in systolic blood pressure to 70 mm Hg pressure. Neither lidocaine, 40 mg given intravenously, nor carotid massage changed the rhythm. However, as soon as his flailing was brought under control by manual hyperinflation with a breathing bag, the tachyarrhythmia disappeared and the BP improved.

The third episode occurred while the patient was attached to the

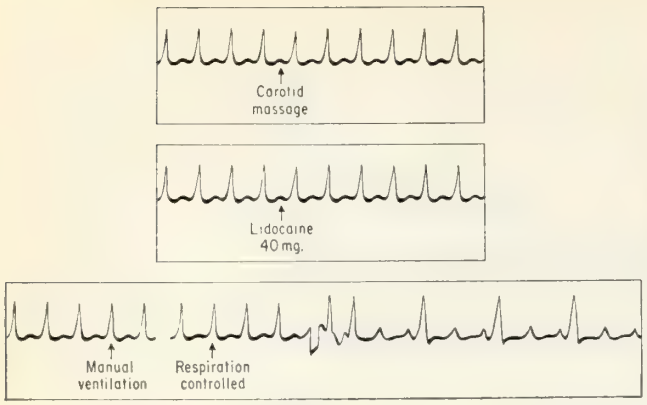


FIGURE 2
EKG strips showing the response to various attempts to treat the arrhythmia during the second episode. The last strip is quite representative of the response to controlled ventilation during the last three episodes of arrhythmia. (Tracing drawn because the original strips were lost).

ventilator. He started breathing at a rate faster than the respirator and started flailing. In a few minutes his rhythm was again a supraventricular tachycardia with a rate of 180-200. Arterial pH and blood gas determination during the arrhythmia were: PaO_2 150, $PaCO_2$ 34 pH 7.5 on 40% oxygen. After the flailing was brought under control by manual hyperinflation, his vital signs stabilized. He was given diazepam and meperidine intravenously, after which the respirator effectively controlled his respiration.

There were two other episodes of flailing, the onset of each of which was closely followed by tachyarrhythmia. As soon as flailing was brought under control, the arrhythmias disappeared. The arterial oxygen tension was found to be satisfactory each time and the blood pressure did not change appreciably.

He was given curare in order to maintain efficient mechanical ventilation. The tachyarrhythmia never reappeared. His respiration was adequately controlled with the ventilator and during the few occasions when he breathed spontaneously the flailing was very mild.

Complete electrocardiographic studies were done during the day of admission and on the seventh day of hospitalization. Each time the findings were within normal limits with nothing suggestive of cardiac trauma.

On the ninth day of hospitalization the patient became completely unresponsive, flaccid and areflexic. Electroencephalographic studies revealed cortical electrosilence. The subsequent autopsy did not show any lesion in the heart which would suggest that it was significantly injured during the accident.

Discussion

This case presents an interesting occurrence of tachyarrhythmia associated with flailing of the chest. This patient was not in shock upon admission nor throughout his confinement. Physical examination and two complete electrocardiographic examinations failed to demonstrate evidence of cardiac injury. The autopsy likewise did not reveal anything suggestive of trauma to the heart. After admission, his arterial blood gases were maintained within satisfactory limits and during the times when arterial blood samples were obtained while he was flailing, the blood gases and pH values remained satisfactory. During the third episode of arrhythmia the blood pH was mildly alkalotic; however, we observed that in this patient the cardiac rhythm remained stable as long as the chest was not flailing even though the blood pH at times was at 7.5 units because of mechanical hyperventilation. Our own experience in the operating room and in the respiratory care service does not support the contention that a mild respiratory alkalosis of pH 7.5 would be an important factor in the production[10] of cardiac arrhythmias. This is supported by investigators[11] who feel that electrical stability of the heart is not adversely affected unless the pH is greater than 7.5 units. Unfortunately, we have no measurements of the cardiac output while he was flailing, but it may be pertinent to note that, except for one occasion when the systolic blood pressure dropped to 70 mm Hg, the blood pressure had remained satisfactory during these episodes. The serum electrolytes were within normal limits.

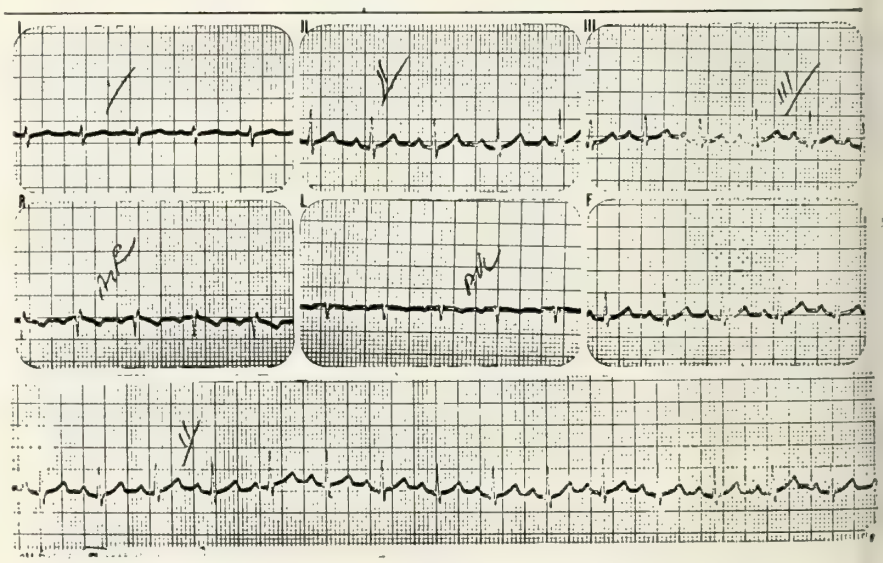


FIGURE 1
Electrocardiogram taken on the day of admission into the ICU. At that time the patient was on a ventilator and his respiration was completely controlled.

In this patient we have eliminated quite satisfactorily the following possible causes of arrhythmia during flailing: cardiac trauma and shock, electrolyte problems, hypercarbia, hypoxia and acid-base imbalance. The possibility of central nervous system (CNS) trauma, a major injury in this patient, should not be discounted as a possible cause of the cardiac arrhythmia. It is noted, however, that these recurrent episodes of tachyarrhythmias occurred in the presence of an unchanging neurological status after the initial injury. The cardiac arrhythmias were also resolved without the benefit of any definitive intervention directed towards the CNS injury during these times. This patient flailed badly at the middle anterior chest (sternal and costochondral fractures) and one is tempted to speculate on the possibility of a direct irritation of the heart by the flailing portion of the chest wall as a main or contributing factor in the mechanism of the arrhythmia. It is also difficult to eliminate the mechanical effects that could result in an impaired venous return and a diminished cardiac output. Another consideration is that the arrhythmia may be due to pain occasioned by the flailing. However, this patient was quite obtunded (craniocerebral trauma) and responded very slightly to painful stimulation.

A clinical point can be emphasized that arrhythmias in patients with crushed chest injuries may be due to purely mechanical factors associated with flailing. Obviously, this type of cardiac arrhythmia can be easily treated by correcting the flailing with mechanical ventilation. Drug therapy would probably be ineffective, if not dangerous, in such situations. It is suggested that when the cause of arrhythmia during flailing is not easily apparent in a patient with crushed chest injury, an effort should be made to control ventilation before resorting to specific drug therapy. Mechanical ventilation is a well accepted management of this trauma problem, though continuous sedation and/or curarization may be necessary to insure controlled ventilation.

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About Our Cover

Franklin College

This coeducational college of about 650 students emphasizes its concern for the individual by limiting the enrollment of its classes to that which will easily accommodate discussion and by providing a faculty and administration whose members are not only accessible and friendly, but who seek student contact.

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Maternal estriol studies may predict increased fetal risk at birth.

Evaluation of the High-Risk Fetus with Urinary Estriol Determinations

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THE clinical value of serial urinary estriol determinations in evaluating the high-risk fetus is well established. Low or rapidly falling estriol values are indicative of poor fetal outcome.[3,4,5]

Estriol metabolism in the feto-placental unit is as follows: Urinary estriol is synthesized by the feto-placental unit directly from preformed neutral steroids such as dehydroepiandrosterone, androstenedione and testosterone.[2] Although aromatization of these neutral steroids is accomplished by the placenta, 16-alpha hydroxylation is accomplished primarily by the fetus due to the virtual absence of 16-alpha hydroxylase in the placenta. Greene and Touchstone[5] in this country and Frandsen and Stakemann[4] in Denmark have shown that urinary estriol in pregnancy has served as a valuable means of assessing fetal well-being and has been a valuable adjunct in the management of certain high-risk gestations.

Urinary estriol may be determined by colorimetric and fluorimetric technics. These procedures suffer from non-specificity due to interference from drugs and non-specific chromogens in the urine. More recently, the development of gas chromatographic technics has offered the clinician a faster, more specific and more sensitive procedure.

The purpose of this report is to present our experience of using a rapid gas chromatographic technic of urinary estriol determination in evaluating the high-risk fetus.

Materials and Methods

Estriol determinations were done on 270 twenty-four hour urine specimens obtained from 69 hospitalized or ambulatory patients with pregnancy complications. The types of pregnancy complication included in this study are presented in Table 1. Patients with prolonged gestations were those in which pregnancy extended two weeks or more beyond the expected date of delivery. Included in the miscellaneous group were patients with excessive weight gain, viral illness, abnormal presentation, cardiac disease, previous stillbirth and third-trimester bleeding.

The urine specimens were refrigerated during collection and immediately processed. The creatinine content of each specimen was determined as a check for completeness of collection.

The technic used in this study is a modification of the method of Touchtone[8] and Sanghvi.[6] The free steroid is quantitated, instead of its trimethyl silyl or acetate derivative, which enables a technologist to analyze six samples and one control in less than six hours.

Estriol levels obtained during various gestational periods were plotted against the chart of Scommegna,[7] who determined urinary estriol as the acetate derivative. The method used in this study shows excellent correlation with Scommegna's method. The estriol excretion patterns were correlated with the outcome of gestation. Newborns were classified by birth weight and gestational age according to Battaglia and Lubchenco.[1]

Results

Diabetics

There were 14 Class A and two Class B diabetics. Their estriol excretion patterns are shown in Figure 1. Four of 16 had low or borderline values. These pregnancies resulted in one stillbirth, two small-for-gestational-age (SGA) infants and one healthy infant. The stillborn infant was born to an 18-year-old Class B diabetic who was referred to Cole-

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FIGURE 1

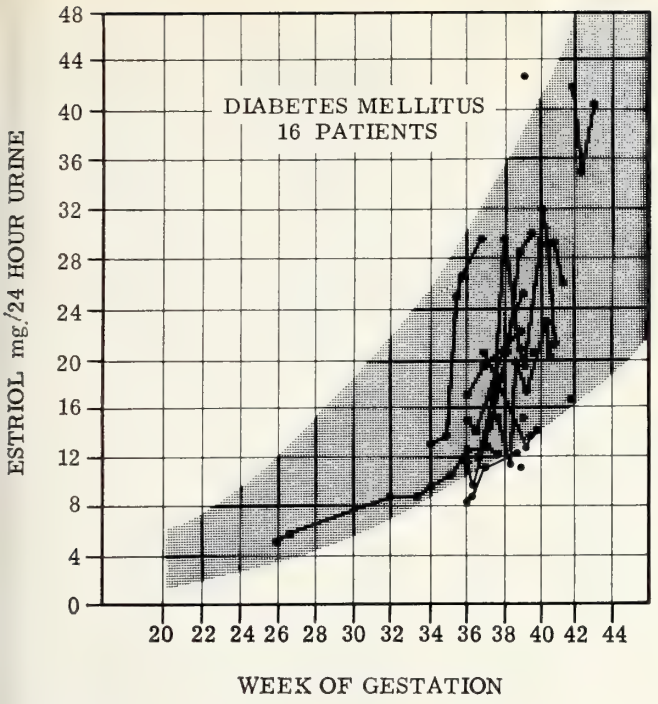
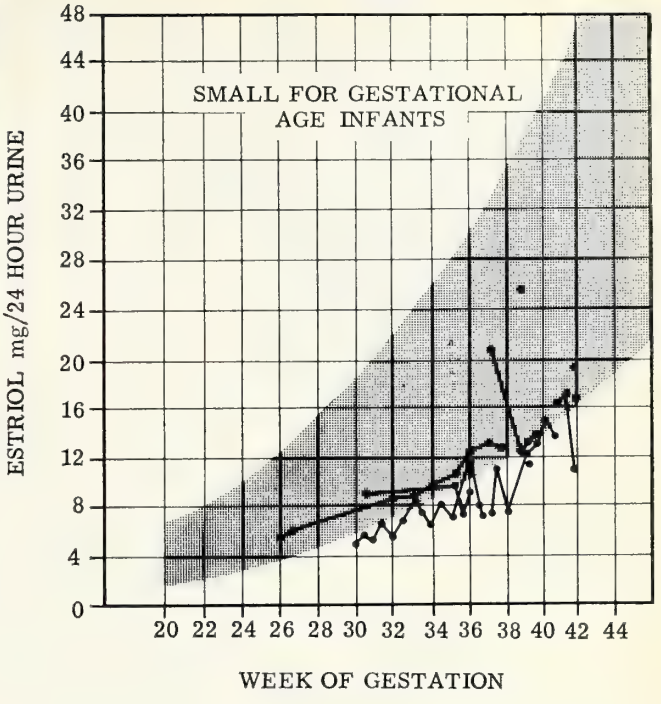


FIGURE 2



man Hospital in the 39th week of gestation. On admission, no fetal heart tones were heard. The following day she went into labor spontaneously and delivered a stillborn fetus.

Only two of sixteen diabetics delivered large-for-gestational-age infants. These two patients had consistently normal estriol excretions throughout their gestational periods. Their infants did not develop any neonatal complications.

The 10 patients with normal estriol excretions delivered healthy infants.

Hypertensive Disorders of Pregnancy

Included in this group are six patients with pre-eclampsia and four with chronic hypertensive disease. Four of six pre-eclamptics had low or falling estriol values. These pregnancies resulted in one SGA infant, one with clinical evidence of fetal distress, as evidenced by meconium stained amniotic fluid, and two healthy infants. None of the patients with chronic hypertensive disease had low estriol values and all delivered healthy infants.

Prolonged gestation

There were 14 patients with prolonged gestation. Three cases had low estriol excretion and these resulted in two SGA infants and a healthy infant. Eleven patients had estriol values within the 95% confidence limit and all delivered healthy living infants with good APGAR scores and no signs of dysmaturity.

Anemia

None of the patients with anemia had low estriol excretions and all delivered healthy infants with good APGAR scores.

Table 1
High Risk Gestations

PREGNANCY COMPLICATION	No. of Cases
Diabetes Mellitus	16
Hypertensive Disorders of Pregnancy	
Pre-Eclampsia	6
Chronic Hypertensive Disease	4
Prolonged Gestation	14
Anemia	8
Possible SGA Infants	2
Miscellaneous	19
Total	69

Miscellaneous

Only 10 of 19 were followed serially with estriol determinations. One of 10 had consistently low estriol excretions and delivered a small-for-gestation-age infant. This patient had rheumatic heart disease with aortic insufficiency and mitral stenosis.

Small-for-Gestation-Age Infants

In our series of 69 complicated gestations, 10 resulted in SGA infants, one of which was stillborn. Seven of these were anticipated prior to delivery, due to low or falling estriol values, and alerted the clinician to the possibility of a high-risk newborn. In two cases, delivery of SGA infants was clinically suspected because of the lack of an anticipated increase in uterine size as pregnancy progressed. These suspicions were confirmed by low estriol values and subsequent delivery of SGA infants.

The estriol excretion patterns of patients with SGA infants is shown in Figure 2. All except one had low or borderline estriol excretions. The pregnancy complications which

TABLE 2
Small-For-Gestational-Age Infants

PATIENT	PREGNANCY COMPLICATION	ESTRIOL	OUTCOME OF GESTATION WT. CATEGORY	APGAR
W.C.	Pre-Eclampsia	Low	SGA	1-7
M.T.	Diabetes Mellitus Class B	Low	SGA	Stillborn
G.C.	Diabetes Mellitus Class B	Borderline	SGA	3-9
R.R.	Diabetes Mellitus Class A	Borderline	SGA	7-8
G.U.	Prolonged Gestation	Borderline	SGA	8-9
S.A.	Prolonged Gestation	Low	SGA	7-9
G.J.	Possible SGA	Low	SGA	6-8
R.D.	Possible SGA	Low	SGA	7-9
J.D.	Rubella Exposure	Normal	SGA	7-8
B.M.	Rheumatic Heart Disease	Low	SGA	9-10

were present in this group are shown in Table 2.

Comments

Our experience of using serial urinary estriol determinations in the evaluation of the high-risk fetus shows a good correlation between consistently low or falling estriol values and poor fetal outcome. This correlation does not always hold true in cases in which only one estriol determination was done. This again emphasizes the fact that a single estriol determination is not a reliable prognostic indicator in high-risk gestations. This is due to the many variables which could affect a single estriol determination—namely, renal clearance, completeness of collection, day-to-day variation and laboratory error.

The data clearly demonstrate the capability of this method of detecting the infant at risk. Nine of 10 SGA infants had either low or borderline estriol values. The SGA infant has been shown to be at risk in the immediate neonatal period, and serial estriol determinations enable the clinician to anticipate this possibility prior to delivery.

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Literature Available

"Coping With Physical Symptoms In Metastatic Breast Cancer" —an article which gives an accurate account of breast cancer patients as their disease progresses and outlines the nursing care required to assure optimal results from treatment and to provide physical comfort.

"Cancer Immunotherapy" — a reprint of an important development in cancer research. Cancer immunotherapy is a timely, provocative topic. The rationale, procedure, role in cancer control and potential are discussed.
(Write to the above address for copies of these articles)

Breast Cancer

With an estimated 90,000 new cases and 33,000 deaths in 1974, the breast is the foremost site of cancer incidence and death in American women. Despite all efforts to date, there has not been a significant reduction in the mortality rate in the past 35 years. Although breast cancer is found most often in women of middle age and over—who are the main educational target—the ACS has begun turning its efforts toward girls of high school age to learn the techniques of breast self-examination as a future health habit. At present rates, one of every 15 American women will develop the disease at some time.

Early diagnosis through self-examination and periodic physician checkup remain of primary importance in control of breast cancer, but some controversy has developed about surgical treatment.

A spate of articles in lay publications, most women's magazines with wide circulation, has stressed the right and privilege of patients to decide which treatment should be used. Focus has been on the question—to have a mastectomy or not? Some lay authors have presented accurate factual information, correct clinical data and fair descriptions of both sides of the question in an effort to educate their readers. Others have approached the subject with emotionalism.

The ACS believes that the public should not be misled into accepting limited procedures that are less fully proven than mastectomy. The proven methods of therapy are highly effective (85-90% survivals at five years) when diagnosis and treatment are achieved at an early stage. At the present time, about 95% of patients discover their cancers themselves through breast self-examination but, by that time, 60% of them have cancers that have spread to the axillary lymph nodes, a stage when the five-year survival rate is only 40-45%. The percentage of those with localized cancers has increased since the 1940s, possibly a result of wider public education and a more alert medical profession. Most lumps in the breast are not malignant; 65-80% of biopsies indicate benign tumors.

Until more reliable information is available, the ACS's position concerning the type of surgery for breast cancer is "removal of the entire breast (most often the radical or modified mastectomy) is recommended for the surgical treatment of breast cancer."

WILLIAM M. DUGAN, JR., M.D.
Chairman of Professional Education
Indiana Division
American Cancer Society, Inc.

What's New?

Eaton Laboratories has released a unique skeletal muscle relaxant, Dantrium® (dantrolene sodium). It is indicated in controlling the manifestations of clinical spasticity such as occur with spinal cord injury, stroke, cerebral palsy and multiple sclerosis. It will be available in 25 mg and 100 mg capsules.

* * *

Lippincott announces publication of "A Circle of Children" by Mary MacCracken. It tells of her experience as a volunteer worker in a school for emotionally disturbed children, and later her work as a teacher. 239 pages, $6.95.

* * *

The International Glutamate Technical Committee has published a booklet, "The Remarkable Story of Monosodium Glutamate," that tells the facts about the safety of this flavor enhancer for human consumption. It is pointed out that there is no difference between the natural free glutamate in foods and that added during preparation. Free copies are available from the Committee at Suite 505, 1625 K Street, N.W., Washington, D.C. 20006.

* * *

Prentice-Hall has just released "The Medical Malpractice Case: A Complete Handbook." It is a new legal handbook of the latest procedural information for handling medical malpractice litigation. It is written for attorneys and includes pointers on detecting and screening out mentally ill people who completely imagine malpractice. Advice is included on all the problems attorneys encounter in trying a malpractice case.

* * *

Posey announces the Sure-Stay Heel Protector. It is designed so that it will neither come off or slide up the leg. Lined either with synthetic fur or polyurethane foam, it is vented on both sides of the ankle for adequate ventilation.

* * *

Behavioral Publications announces two new books for young children. "Things I Hate" tackles the frustrations of most children who sometimes have to do disagreeable things. Hardbound—$4.95. "Billy and Our New Baby" helps the pre-schooler make his adjustment to a new baby in the family. Hardbound—$4.95.

* * *

Narco Bio-Systems has a new type of teaching aid for physical diagnosis. Called the Ausculette™ it allows 10 or more students to listen simultaneously while the instructor monitors the stethoscope and describes the pertinent sound. It weighs only 20 pounds and is fully portable. Operates on wall plug or on its own self-contained power pack.

* * *

Doubleday announces a new book "SEX: An Advanced Primer," authored by Robert E. Hall, M.D., Associate Professor of Obstetrics and Gynecology at the Columbia-Presbyterian Medical Center. It is said to provide a terse but thorough view of sex that will be of value to the experienced and the uninitiated alike. 120 pages, $4.95.

* * *

Howard Sams has published a new book "Servicing Biomedical Equipment" to acquaint the prospective biomedical technician with the types of electronic and electro-mechanical devices in modern hospitals. 160 pages, price $5.50.

* * *

Roche announces that the FDA has granted Roche a license to manufacture and distribute in kit form anti-carcinoembryonic antigen serum. The serum is the basic compound of an important diagnostic test for cancer. Carcinoembryonic antigen (CEA) may be detected in a patient's blood by a radioimmunoassay technique. The test should prove to be of value in monitoring recurrence or progression of malignancy. It is not recommended as a screening test and should not be used as the sole criterion for decision-making.

* * *

General Electric has a new 8-page, full-color publication "Pacemaker Systems Guide" which describes and discusses the entire GE line of pacemakers. For a copy write General Electric, 4855 Electric Ave., Milwaukee 53201.

* * *

A. H. Robins is introducing Robitussin R-CF, a comprehensive cough formula, a cough suppressant, decongestant and expectorant. It is supplied in bottles of four ounces.

* * *

The New York Heart Association announces that the seventh edition of "Nomenclature and Criteria for Diagnosis of Diseases of the Heart and Great Vessels," written by the Criteria Committee of the NYHA, has just been published by Little, Brown and Company in both hard back and paperback.

* * *

Roerig Division of Pfizer announces the introduction of Emete-con, a new antiemetic agent. It is a benzoquinolizine derivative, chemically unrelated to existing antiemetics.

* * *

The Chem-E-Watt Corporation has a new disposable instant moist heating pad called "Thermalaxor." It weighs less than one ounce and is composed of soft flexible plastic foam. When immersed in either warm or cold water it reaches therapy temperature in three minutes. The pad will contour to all parts of the body.

* * *

Bristol announces a new compound derived from cephalosporin group. It will soon be marketed as CEFADYL. The generic name is sodium cephapirin. It maintains high levels of effectiveness against a wide range of infectious diseases.

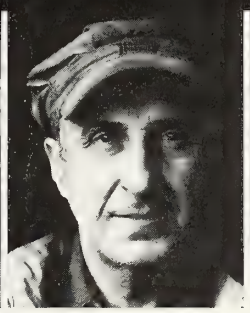
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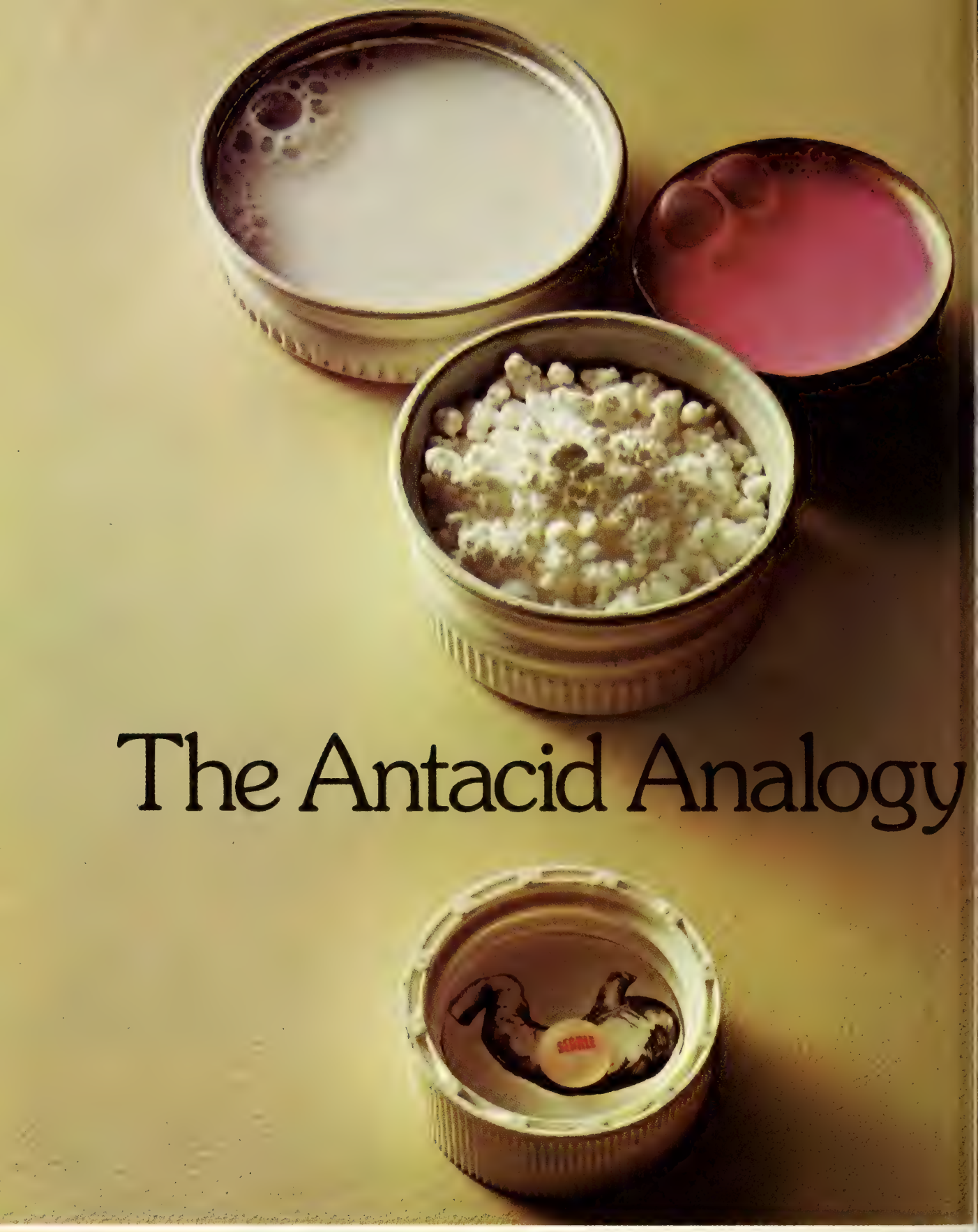
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*Innes, I. R., and Nickerson, M., in Goodman, L. S., and Gilman, A. (editors): The Pharmacological Basis of Therapeutics, ed. 4, New York, The Macmillan Company, 1970, p. 537.

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Sexual Problems of Psychiatric Outpatients

EUGENE E. LEVITT, Ph.D.
CHARLES W. PERKINS, Ph.D.
FRANK J. CONNOLLY
Indianapolis

THE recent upsurge of professional and scientific interest in sex problems and dysfunctions has spawned an emerging spate of publications. Unfortunately, its mass is more impressive than its content. An imposing majority of the reports are derived from limited and potentially biased samples, such as the patients of a single obstetrician, or are based on amateurish surveys, or are simply statements of opinion. Admittedly, hard data on sex problems are difficult to collect by any means. Many sexually incapacitated individuals are only vaguely aware of their dysfunction. An unknown, but probably large number of them rigidly deny their incapacity, either to themselves or to the professional interviewer. It is hence not surprising to find that estimates based on poor research and unsupported clinical claims easily find their way into print.

The sex problems of the emotionally and mentally disturbed subpopulation (perhaps more accurately characterized as the group that seeks psychiatric or psychological attention) have been of special interest since the popularization of Freudian theory. A common supposition has been that this subgroup is beset to a greater degree by sex problems than the general population, though data to test this hypothesis have never been available.

An opportunity to assemble data for at least one end of the hypothesis test recently arose. The mechanism was an analysis of the administration of the Mooney Problem Check List[1] to the patients of a standard pyschiatric outpatient clinic.

The Mooney Problem Check List is a fairly comprehensive account of problems that cause people to seek the help of a minister, counselor or mental health professional. It is simply a check list, not a quantitative measuring instrument. The respondent is asked to indicate those problems that he believes he has.

The 288 problems of the MPCL can be divided into nine broad, general areas. One of these is a group of 18 sex problems. Unfortunately, three of the most common sexual dysfunctions—impotence, premature ejaculation and dyspareunia—are not specifically included. We assume that patients with these problems would have reported them by checking one of several other, broader problems. Otherwise, the group of problems is unusually comprehensive, even containing some fine distinctions such as between "finding it hard to control sex urges," and being "too easily aroused sexually."

The MPCL has been filled routinely by every patient applying to the Adult Psychiatry Clinic of the Indiana University Medical Center in Indianapolis since 1964. This means that there are nearly 10,000 completed MPCL's in the clinic's files.

Recently, the clinic staff became concerned about the usefulness of the MPCL. A number of MPCL problems do not seem applicable to psychiatric outpatients. In an effort to determine which problems actually reflect the complaints of the clinic's patients, a random sample of every tenth case since 1964 was drawn and its MPCL was punched on an IBM card. Age, sex, marital status and year of application were also punched.

The average age for the 1,530 patients providing the sample of MPCL's was 29.5 with a standard deviation of 10.2; 52.7% of the sample were married, 32.4% had never married, and 14.8% were divorced, widowed, or otherwise "single again." Women comprised 56.3% of the sample.

The proportion of our patient sample that checked each of the 18 sex problems is shown in Table 1. The median incidence is 9% compared to a median incidence of 15% for all 288 MPCL problems. The difference is statistically significant. The conclusion: sex problems are reported less frequently among psychiatric outpatients than other personality and behavioral problems.

In our sample of patients, 54.6% had reported on the MPCL that they had at least one sex problem, and 31.3% indicated that it was considered a serious problem. Other problems are reported more frequently, but it is still noteworthy that one of every two psychiatric outpatients will also report a sexual problem, and that the problem will be regarded as serious by almost a third.

We analyzed data for the 18 sexual problems on the MPCL to determine relationships of each problem to age, sex and marital status. The most significant of these findings are summarized in Table 2. Despite the substantial range in our sample, age turned out to be essentially unrelat-

From the Section of Psychology, Department of Psychiatry, Indiana University School of Medicine, 1100 W. Michigan St., Indianapolis 46202.

Table 1

	Per Cent Incidence
Sexual needs unsatisfied	22.6
Thinking too much about sex matters	15.8
Finding it hard to control sex urges	12.7
Too easily aroused sexually	11.3
Bothered by sexual thoughts or dreams	11.1
Sexual desires differ from husband's or wife's	10.9
Being too inhibited in sex matters	10.7
Thinking too much about sex	9.9
Repelled by thoughts of sexual relations	9.6
Having unusual sexual desires	8.4
Lacking sex appeal	7.5
Needing information about sex	7.3
Being underdeveloped sexually	6.1
Wondering how far to go with the opposite sex	5.9
Worried about the effects of masturbation	5.2
Sexually attracted to someone of my own sex	4.8
Wishing I were the other sex	4.5
Petting and necking	3.5

ed to sexual problems. Only two of the problems—"thinking too much about sex," and "wondering how far to go with the opposite sex"—had significant (but very low) negative relationships with age (-.13 and -.12). Doubtlessly, these correlations would have been more pronounced if our sample had encompassed a broader range of the adolescent years. Apparently, once adulthood is attained, age is no longer an influence on many sexual problems.

Background factors were naturally related to some of the items. For example, 10.9% of the sample reported that "sexual desires differ from husbands or wives" was a problem. This was made up of 18% of married persons in the sample and 8% of the single-again group.

Nine and four-tenths per cent reported that they were "repelled by thoughts of sexual relations," women twice as often as men. Interestingly, the percentage among the single-again people is considerably lower than among the married and never-married groups.

"Wondering how far to go with the opposite sex" and "wishing I were the other sex" had incidences of 5.9% and 4.5% respectively, heavily among the unmarried. Women outnumber men by almost 1.5 to 1 in wishing to be the opposite sex, but there is an interesting time trend. The excess of women reporting this problem ended in 1969. In 1970, there was no sex difference and in 1971, men outnumbered the women.

Five problems appear to plague the unmarried male more than other groups. Two of these ("bothered by sexual thoughts or dreams" and "finding it hard to control sex urges") seem to reflect the troublesome libido of the young, unattached male. A third ("worried about the effect of masturbation") might also fall in this category.

The remaining two problems have to do with deviant sexual ambitions. "Sexually attracted to someone of my own sex" was reported as a problem by 4.8% of the total sample, made up of 7% of the men and 3% of the women, 11% of those who had never married compared to 2% of the married persons and 3% of the single-again people. The total is considerably larger than current estimates of homosexuality in the general community: 4% of adult males and 1% of adult females. Of course, we do not know how many of the patients who reported homosexual inclination as a problem were actually practicing homosexuals. Nor do we know what proportion of homosexuals in the general community regard their condition as a problem. Hence, it is really not possible to compare our sample with the community.

A considerably larger proportion of the sample—8.4%—admitted that they were troubled by "having unusual sexual desires." Again, males outnumber females by more than 2.5:1, 11% of the never-married people and 7% each of the married and single-again groups.

On the average, the 288 Mooney items correlated .31 with total number of problems. That is to say, there is a mild, not unexpected, tendency for every problem to occur somewhat more frequently in those individuals who had a larger number of problems. The 18 sex problems tended to have somewhat lower correlations with total scores, averaging only .26, the largest being only .33. Apparently, sex problems tend, more than other personal problems, to occur with an equal frequency among those with many problems and those with fewer problems.

It is a reasonable assumption that the Adult Psychiatry Clinic of the Indiana University Medical Center

Table 2

Problems Negatively Related to Age
Thinking too much about sex
Wondering how far to go with the opposite sex
Problems of Young Men
Bothered by sexual thoughts or dreams
Finding it hard to control sex urges
Worried about the effects of masturbation
Sexually attracted to someone of my own sex
Having unusual sexual desires
Problems of Women
Repelled by thoughts of sexual relations
Wishing I were the other sex

falls into the category of standard, outpatient psychiatric clinics. Thus, we may conjecture that our data are representative of the total subpopulation of individuals seeking psychotherapeutic assistance through public clinics.

A test of the hypothesis relating psychiatric patients and sex problems requires comparable data for the general population of adults. These data would provide a base line to evaluate our findings with the psychiatric patient group. That is, statements that certain problems are more or less prevalent among patients must be based on a comparison with the general population data. Regrettably, there has never been, to our knowledge, a survey of a sample from the general population of adults using the MPCL. Should such data become available, the hypothesis concerning emotional illness and sex problems can then be tested directly.

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INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—March 1974

Disease	Mar. 1974	Feb. 1974	Jan. 1974	Mar. 1973	Mar. 1972
Animal Bites	829	625	413	835	855
Chickenpox	688	796	555	1414	1047
Conjunctivitis	249	243	191	246	230
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	131	145	140	100	83
Gonorrhea	1327	892	728	942	679
Impetigo	162	156	169	101	146
Infectious Hepatitis	70	58	32	65	62
Infectious Mononucleosis	98	125	59	105	162
Influenza	10226	29634	6324	5727	4068
Measles					
Rubeola	38	26	19	122	181
Rubella	102	163	46	278	147
Meningococcic Meningitis	2	0	0	0	4
Meningitis, Other	1	0	0	2	1
Mumps	158	229	136	138	193
Pertussis (Whooping Cough)	2	3	5	1	7
Pneumonia	812	770	604	792	584
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	1882	2065	1363	1653	1630
Syphilis					
Primary & Secondary	9	12	20	21	19
All Other Syphilis	125	124	89	160	87
Tinea Capitis	13	14	10	13	5
Tuberculosis (Active)	49	60	34	68	73

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The Journal
of the INDIANA STATE MEDICAL ASSOCIATION
Devoted to the interests of the medical profession of Indiana

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Six-Year Study Under Way

A six-year cardiovascular study s under way in 20 centers in the U.S. to test the hypothesis that nodification of three risk factors, elevated blood cholesterol, elevated blood pressure and cigarette smoking, will reduce the threat to health and life in coronary artery disease.

HEW's National Heart and Lung nstitute will support the study, to be called "The Multiple Risk Factor ntervention Trial" (MRFIT).

Screening procedures are now tarting to identify and enroll some 00 volunteers toward the total of 2,000 needed for the study. Volnteers will be selected from men, ge 35-57, who are at above averge CHD risk because of various ombinations of the three risk facors. All the subjects will be men ince men have a much higher freuency of CHD than do women.

Participants will be divided at andom into two groups. Half will e referred to their personal physiians or usual source of medical are together with the results of the creening test, and invited to return o the testing center each year for xamination.

The other half will enter a special ntervention program designed to educe blood cholesterol, lower levated diastolic blood pressure nd eliminate cigarette smoking.

The National Institutes of Health state that "It will be the largest and most difficult prevention trial ever undertaken against our most important contemporary health problem."

Each clinical center will devote a 12-month period to enroll its 600 eligible participants. First reports are that a gratifying degree of cooperation is being provided by management, unions, physicians and health agencies.

Editorial Notes . . .

Germfree rats at the Notre Dame Lobund Laboratory are found to have, in some instances, prostatic cancer which is similar to that in man. Cancer has been induced before in the prostates of experimental animals but the growths have never resembled human prostatic malignancy. The man-like tumors which were found serendipitously, while scientists were studying the aging process, may provide an experimental system for the study of human tumors.

There has been a suggestion that the federal government should outlaw all prescription drug salesmen—detailmen—and form a corps of government-employed information clerks to visit practicing physicians and give them "unbiased and objective" information about pharmaceuticals. Well—it might work out. It could be expected to function, at least as well as the U.S. Postoffice. Joe Stetler, PMA president, testified to a Congressional Committee that "The detailman is an integral part of medical communications. He contributes company expertise—that exists nowhere else—to the medical information mix." Further Mr. Stetler said: "Certainly a government takeover of the informational system would stultify it and ultimately make it impotent. The last thing we need today is embedded dogma dictated centrally."

All the major medical institutions of Boston are participating as a group, with many other civic groups, in plans for the Bicentennial celebration. Their first major project is a permanent exhibition on medicine at the Museum of Science. A medical brochure will be published to outline the medical history. There will be a "Medical Freedom Trail" for visits to famous sites such as the Ether Dome. The 1975-1976 Lowell Lectures in Medicine will feature a representative of each of the medical institutions for one lecture. The celebration, called "Bos-

ton 200" begins in April 1975.

Bacteriological culture of cut flower vases in surgical wards and burn units has demonstrated several species of gram-negative organisms, some of which were identical with species previously found to be responsible for hospital infections.

The FDA announces that, contrary to previous FDA opinion, all drug products are not therapeutically equivalent. The change of policy takes effect on the drug which, according to present knowledge, will benefit the most from FDA inspections and controls: Digoxin. Hereafter all digoxin products will be required to pass bioavailability tests. Meanwhile all digoxin formulations not meeting the USP standard are recalled.

A great majority of elementary school pupils, when surveyed as to acceptance of television commercials for health-related products, believed the messages. Even in instances in which neither the child nor the parents had used the product, 51% believed the commercial. As reported in PEDIATRICS, "if 70% of all health messages on television are not true, and 70% of these messages are believed by children, then television viewing might be labeled as 'hazardous to the health.' "

Antimicrobial drugs specific for tuberculosis have greatly increased the decline in mortality and morbidity of the disease which had begun prior to antibiotics. The incidence in the white population is quite low and still declining. Tuberculosis is still a quite serious problem in non-whites, particularly Indians. The Eastern Central and West North Central regions of the U.S. enjoy the lowest rates of new cases.

Like the Australian farmer who bought a new boomerang and then went nuts trying to throw the old one away, the disposable equipment industry has a problem called "what do you do with it after it is used." The Sterile Disposable Device Committee of the Health Industries Association has a Technical Symposium which discusses all facets of disposables, including disposable waste management. Their Book of Proceedings may be had for $25 per copy.

The Chicago VA Research Hospital reports an agglutination test which detects the rejection process several days before there is clinical evidence. When the patient's white cells are mixed with the donor's blood the white cells will agglutinate around the host cells if the rejection process is beginning. When the rejection is reversed by chemotherapy the white corpuscles no longer gather around the target cells. ◄

From THE JOURNAL 50 Years Ago

Through the courtesy of the insulin committee of the University of Toronto we have had the privilege of using insulin in the treatment of 65 cases of diabetes during the past year. The preparation used in all cases was that prepared under the name of Iletin, by Eli Lilly & Company of Indianapolis. We are gratified that in all essential details we have been able to confirm the beneficial effects of insulin reported by the Toronto Group. Our average daily dose in sixty-five cases was 12.9 units. . . .

Since no hospital in Indianapolis was equipped with personnel or facilities for the care and dietetic management of a large number of cases of diabetes, it became necessary at once to undertake the training of such an organization. The benefit to ourselves both in experience received and in gratification from the ready and intelligent cooperation of nurses can be appreciated only by those who have carried out similar work, and have assumed the very great responsibility involved. . . .

But few examples of applied scientific medicine are so spectacular as is the effect of insulin in diabetic coma. Unfortunately the application cannot be reduced to a formula but requires the most careful study of the individual's case, and time is not available now for its discussion.

We have not as yet employed the enormous doses of insulin frequently used. On admission the patient is given from 10 to 30 units which is repeated every two to four hours, as indicated by the clinical response and plasma CO_2. Since no practical method is known for rapid estimation of the amount of available sugar in the patient's body, glucose is given by mouth or intravenously in an amount estimated to prevent hypoglycemia, usually 20 to 30 grams, following each injection of insulin.

We desire to acknowledge the kindness of Dr. G. H. A. Clowes and of Dr. A. L. Walters, without whose unfailing co-operation it would have been impossible to carry on this work, and to express our thanks to Eli Lilly & Company, whose generosity has made insulin available to a number of patients who were unable to purchase it. . . . John A. MacDonald, M.D., C. L. Rudesill, M.D., Indianapolis, "The Treatment of Diabetes Mellitus with Insulin," **JISMA**, May 1924.

A New Program of Humanities Seminars

ETHICAL conflicts, the rights of patients and practitioners, and similar questions current in health care will be explored by practicing physicians and other health professionals in a new program of seminars funded by the National Endowment for the Humanities. The program, the first of its kind, will bring together for a month of full-time study and discussion medical practitioners and distinguished humanists whose work has focused on problems related to medicine and health care. A grant of $105,303, to support three separate seminars during the summer and fall of 1974, was announced by Dr. Ronald Berman, Chairman of the Endowment.

Directing the seminars will be Dr. Charles E. Rosenberg of the University of Pennsylvania, Dr. William F. May and Dr. David H. Smith of Indiana University, and Dr. H. Tristram Engelhardt, Jr. of the University of Texas Medical Branch at Galveston.

Focal points for each seminar will be selected issues based on case studies from medical practice which will be examined in their ethical, philosophical, and/or historical contexts. The new program aims to improve the quality of leadership in medicine by broadening the perspective from which physicians and other health practitioners view their profession and society at large. In launching this project the Endowment's premise is that the knowledge and insights unique to the humanities are needed more urgently than ever in the contemporary world, and that they should be made available to present and future leaders of the nation's professions.

Twelve to fifteen participants, from all branches of the health professions, will be chosen for each seminar by the individual directors in consultation with selection committees. Participants will attend tuition free and will receive a $1,500 stipend for room, board, and transportation. They may be accompanied by members of their families, but no increase in stipend will be allowed.

One seminar will be taught by Dr. Rosenberg, Professor of the History of Medicine and member of the history and medical school faculties at the University of Pennsylvania. Contemporary problems such as psychiatric legitimacy, hospitals, women and medicine, and medical ethics will be explored in the context of the past century. The seminar will run from July 15 to August 9, 1974, at the University of Pennsylvania in Philadelphia. The deadline for receipt of applications is May 31, 1974; selections will be announced by June 7.

Participants in a second seminar, to be held on the Williams College Campus in Massachusetts, will examine selected ethical issues in medical practice and their consequences for professional conduct. These will include the doctor-patient relationship, the ethos of the hospital and the claims of society at large. Dr. May, Professor and Chairman of the Department of Religion at Indiana University, will direct the seminar. Associate director will be Dr. Smith, Professor of Social Ethics at Indiana. The seminar will run from July 15 to August 9, 1974; deadline for receipt of applications is May 31, 1974, and selections will be made by June 7.

The focus of the third seminar will be ethics and philosophy in the health-care disciplines. Dr. Engelhardt, a philosopher and physician who is Professor of the Philosophy of Medicine at the University of Texas Medical Branch at Galveston, will direct a case-oriented review of the areas of current ethical controversy in medicine. He will attempt to relate such issues as rights and duties of patients and practitioners and concepts such as the quality of life and human dignity, to decision-making in medical practice. The seminar will be held on the Galveston campus and will run from September 9 through October 4, 1974. Deadline for receipt of applications is June 17, 1974; selections will be announced by July 1.

All requests for information and applications should be addressed to the individual seminar directors as follows:

Professor H. Tristram Engelhardt, Jr., Institute for the Medical Humanities, University of Texas Medical Branch, Galveston, Texas 77550 (713) 765-2376.

Professor William F. May, Chairman, Department of Religious Studies, Sycamore Hall 230, Indiana University, Bloomington, Indiana 47401 (812) 337-3531.

Professor Charles E. Rosenberg, Department of History, University of Pennsylvania, Philadelphia, Pennsylvania 19174 (215) 594-8452 or 8453. ◄

The Woman's Auxiliary Reports to ISMA

Dear Doctor:

It is that time of year to see a new face on this page. You probably wonder what this new person is going to ask you to read. Will it be heavy, light, demanding, amusing, full of statistics, and on subjects she has no business writing about? At this point, I am unsure what is before me. However, I hope I will attract your attention to the point that you will ask your wife to read this page.



At this first visit, I would like to emphasize the importance of your wife's membership in the greatest group on earth—The Woman's Auxiliary to the Indiana State Medical Association—the group that works with you and for you.

Some counties are not organized, and if your county is one of them, your wife can become a Member-at-Large; she can then receive the publications and information that will help her help others in your community. In counties with a small number of physicians we need every doctor's wife as a member, as we do in the large counties, in order to be an effective force for medicine. We need not all be great movers but if each one does a little, it adds up to a lot and the big projects become easier.

One of the most important areas to watch is legislation both at the national and state level as it concerns medicine. Your wife, if she is knowledgeable about the problem, can be a great influence on public officials through telephoning, letter writing and personal contacts.

The Auxiliary can give her the tools to be effective. Please ask her tonight if your county has an Auxiliary and if she has paid her membership. If she has, Congratulations; if she has not, ask her to become active. You need her and we would welcome her.

Beth Bowen

President, Woman's Auxiliary to ISMA



Spasm reactor?

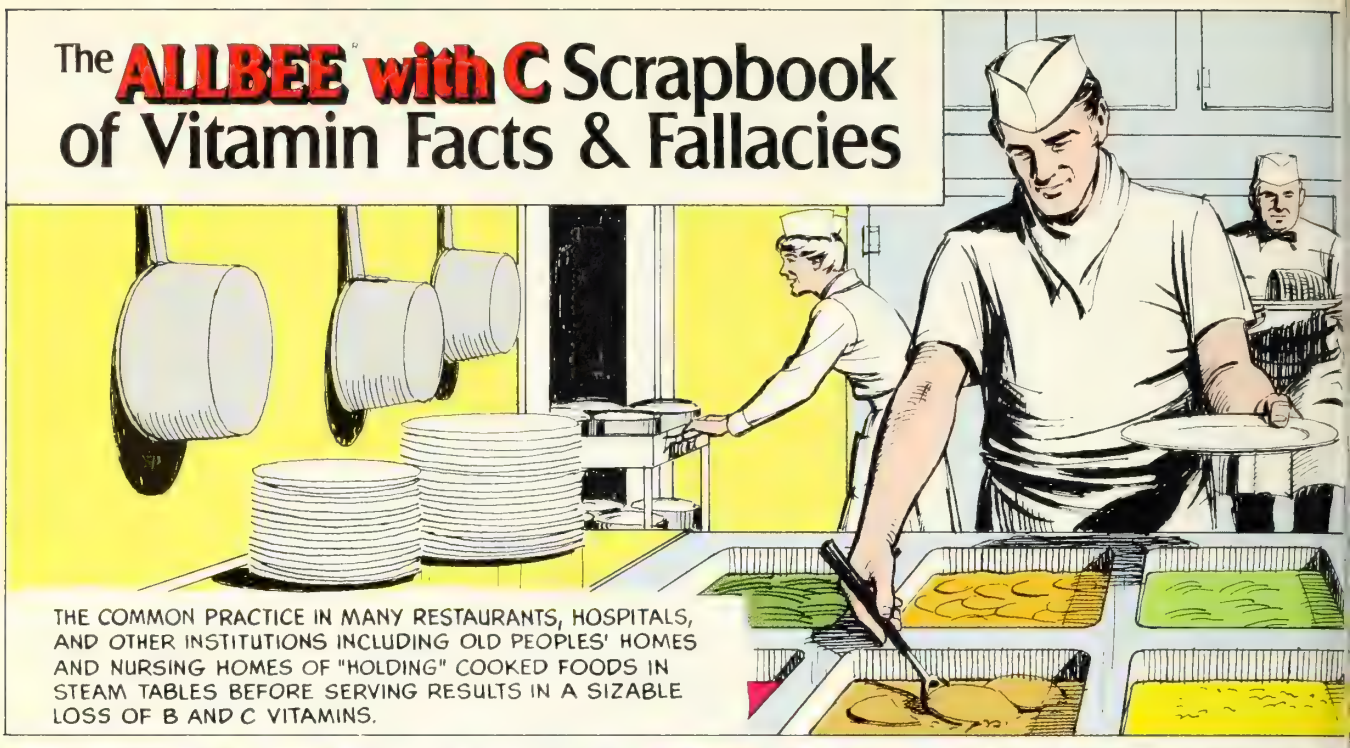
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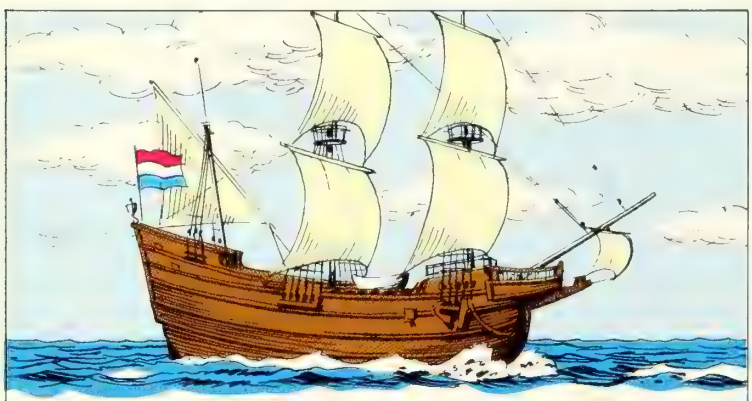
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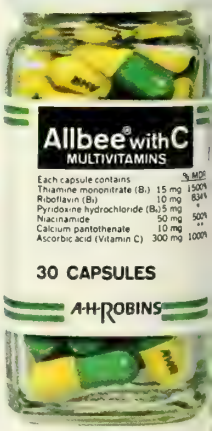


RONSSENS, A DUTCH PHYSICIAN, WROTE IN 1564 THAT "DUTCH SAILORS WHO, RETURNING FROM SPAIN, WERE ATTRACTED BY THE NOVEL RICHNESS OF THE FRUIT (ORANGES) AND BY THEIR GREED AND GLUTTONY, UNEXPECTEDLY DROVE OUT THE DISEASE (SCURVY), AND HAD THIS HAPPY EXPERIENCE NOT ON A SINGLE OCCASION ONLY, BUT REPEATEDLY."

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ABSTRACTS, BOOK REVIEWS

MEDICAL CARE OF PRISONERS AND DETAINEES

G.E. W. Wolstenholme and Maeve O'Connor, editors, Ciba Foundation Symposium #16, Elsevier of Associated Scientific Publishers, 1973; proceedings of a symposium held November 1972; 238 pages.

The usual couple dozen luminaries from all around the globe participated in this not-so-ordinary symposium. There are many psychiatrists, lawyers and administrators in the group. At the very beginning I observed a macabre note: The general medical inspector of French prisons, G. Fully, was murdered in a Paris prison riot, June 20, 1973." This indeed sets the tone for the discussions being held by the various participants. Shades of Attica, Jonesboro and: Solzhenitzin's "Gulag Archipelago." The dead G. Fully's paper was given "in absentia."

In my career, I've had occasion to attend medically disciplinary army barracks; also, after WW II, I was for awhile in charge of the medical service at a psychiatric V.A. facility. For me, the line between the physician-patient relationship and my duty as a government official was always rather fuzzy. This may be why this particular symposium made both instructive and fascinating reading. Starting with the chairman's Introductory Remarks and going on with such topics as Violence in prisoners and patients and Management of conflict in correctional institutions, we do not get total answers but—at least—the grey areas *do* acquire some clarity and perspective.

Also, the half-dozen appendices do deserve thoughtful perusal. Note "Standard minimum rules for the treatment of prisoners" and "Emerging rights of the confined."

Altogether, a most worthy addition to our literature! It deserves unstinted praise!

ARNOLD LIEBERMAN, M.D.
New York City

DNA SYNTHESIS IN VITRO

R. D. Wells, Ph.D., and R. B. Inman, Ph.D., editors, University Park Press, Baltimore, 1973; proceedings of the Second Annual Harry Steenbock Symposium held at the University of Wisconsin; in five sections; 475 pages with numerous tables and illustrations; $24.50.

No less than 350 participants are listed, but don't let that alarm you. There are from six to a dozen authors for each article printed. Furthermore, at the beginning of each item, there is a brief summary explicating the reasoning. It is somewhat surprising—considering the technicalities involved—that I failed to perceive as much as one structural formula. Let me make an unorthodox suggestion: pick up the 1974 Britannica Yearbook of Science and the Future, where on page 379, there starts an article on Cyclic AMP, author, G. Alison Robison. Anyone with a basic knowledge of organic chemistry will find the going made much easier.

Be all that as it may, this volume is geared to the level of the research worker in this field of molecular biology, genetics and biochemistry. The M.D.—whatever his level of specialization—will not be edified by what he gleans from this symposium. As a general statement, I can say that this volume goes into the details of RNA *tumor* viruses: both in vivo and in vitro. These are now established entities, well beyond the speculative stage.

As usual, the binding and printing are excellent. I failed to find any typographical errors.

ARNOLD LIEBERMAN, M.D.
New York City

CURRENT CONCEPTS ON AMPHETAMINE ABUSE

National Institute of Mental Health, Rockville, Md., 20852, 1972, Duke University Symposium edited by Everett H. Ellinwood M.D., and Sidney Cohen M.D., DHEW Publication #(HSM) 72-9085; $3.50; paperback; 238 pages; numerous diagrams, illustrations and tables.

Some 30 distinguished specialists in related fields such as psychiatry, pharmacology, physiology, and the Haight Ashbury Research project have put their heads together in order to first sketch in the background of this truly distressing phenomenon, then describe in scrupulously minute detail the actual symptoms and signs of this aberration and then, finally, to set sail into the—still largely uncharted—seas of therapy and rehabilitation.

Personally, I had thought that my contacts and understanding of this totally unacceptable human (and animal) aberration was adequate for an understanding medical therapist approach. Well! As I proceeded slowly page by page, I found my rather smug self satisfaction dissolving rapidly! "Stereotyped behavior" took on a new connotation! "Speed" sets off mechanisms (cyclic AMP dependent) that help illuminate the dreadful sequence of "flash and euphoria," anorexia, insomnia, PARANOIA, Violence, Compulsitivity, "over-amping"—but why go on?

Of course, our still most rudimentary understanding of the pharmacology of brain activities is—as yet—more of a hindrance than a help. Thus: Paramethoxyamphetamine? True enough, it is an amphetamine metabolite. Could *it* be *the* psychotoxic basis of a true schizophrenic? Someday (soon, we hope) we may have the answer. In meantime, I cannot refrain from recommending this cheap and well written paper-back as *must* reading not only for all M.D.s but also paramedical personnel and even (especially) the intelligent laity.

ARNOLD LIEBERMAN, M.D.
New York City

ALCOHOL INTOXICATION AND WITHDRAWAL: EXPERIMENTAL STUDIES.

Edited by Milton M. Gross, Volume 35 in "Advances in Experimental Medicine and Biology," Proceedings of 30th International Congress on Alcoholism and Addiction, Held in Amsterdam, Sept. 1972, Plenum Press, New York; $24.00; 420 pages.

Prior to the discovery by Sutherland of AMP and its coterie of related products as recently as the fifties, we were on rather shaky biophysical ground. Since then, progress has been truly

Continued

spectacular. No wonder that Professor Sutherland got the Nobel prize all by himself in 1971! And—after all is said and done anent ALL the other addicting chemicals—alcohol (all by itself) is still our largest single threat! Just in my morning's mail, I see that an international symposium will be held in Denver this very spring on "The Medical Consequences of Alcoholism."

Now: may I call your attention to just a few items in this rather bulky volume. On page 5, the editor calls attention to the fact that "physical dependence is not unique to ethanol but common to the withdrawal states of all the hypnosedatives and even minor tranquilizers." On page 42, we glimpse "false adrenergic neurotransmitters"; catecholamines are released in this fashion with results worth reading and pondering! The citric acid cycle *IS* most definitely slowed! Incorporation of metabolic substrates *IS* slowed down!

Also, there is good experimental proof that the hypnotic effects of alcohol and barbiturates are additive! And this goes also for the cannabis extracts and other hallucinogens!

All in all, a volume that is not hard reading but well worth the effort of reading slowly; and more than once! We all can derive a genuine intellectual profit!

ARNOLD LIEBERMAN, M.D.
New York City

IMMUNOPOTENTIATION

Ciba Foundation Symposium #18, 1973, Elsevier, publishers, Editors: G. E. W. Wolstenholme and Julie Knight; 355 pages; numerous graphs, tables and illustrations.

Sir Peter Medawar—no less—presided over the usual couple dozen of distinguished investigators probing the *obverse* of the presently accepted therapy of cancer by the device of immunosuppression. Results are still very tentative but most intriguing!

The very first presentation deals with T and B adjuvants: substances that act at differing time points during cellular activities leading to antibody production. To me, the entire concept was totally new, fascinating and giving a different approach to the immunological homeostatic process. Antigens that cause "cell trapping" possess intrinsic adjuvanticity! This *is* a challenge to explore new fields of the most promising contemporary thinking! Just *think* of macrophages as being "important primary targets for adjuvants" (p.73).

And then: "the allogeneic effect" (page 140)! Transient graft-versus-host reaction can be used to enhance resistance to tumor cell growth! Synthesis of autoantibodies? Why not? Completely new to me was the discussion of "the potent immunopotentiating activity of the anaerobic Corynebacterium parvum" (page 217). The "possible role of reticuloendothelial stimulants in the treatment of human cancer" (page 299) is hard but rewarding reading!

Sir Peter Medawar (page 343) starts his summation in a masterly paraphrase of Leo Tolstoy, "we are all ignorant in our own distinctive ways." Positive and negative feedback mechanisms are postulated—with some substantiation. He closes with the prophecy "a lymphocytotrophic hormone whose existence I predict."

Altogether: a most masterly symposium that verges on true greatness! Congratulations to all involved!

ARNOLD LIEBERMAN, M.D.
New York City

DRUGS OF CHOICE, 1974-75.

Walter Modell, M.D., editor, C. V. Mosby Co., St. Louis Ninth Edition; $23.75; 832 pages.

Back in 1959, I had the privilege of reviewing the very first edition of this notable monograph ("Geriatrics" Vol. 14 #1, Jan. 1959). As I peruse that review—including the charming, "thank you" note from the author—I get that feeling of déjà vu that is totally absurd! The author has acquired new collaborators but he is—if anything—more crisp, concise and precisely to the point than ever.

The price has gone up by $11, but that is inflation. I enjoy the splendid continuation of the specially colored *Drug Index*. The regular index that follows is absolutely the last word. The preface of a single sheet is a marvel of condensed clarity; the table of contents is of the same pattern. The list of tables gives the headings, chapters and pages. And so on and so forth.

How can anyone edit his co-workers and have so much said so lucidly to the point with such total elimination of excess verbiage!

The paper, binding and printing are models of the publisher's art. No wonder that one thinks almost automatically of "Modell's" when confronted by the sudden emergency that needs an answer: but fast! Congratulations all around!

ARNOLD LIEBERMAN, M.D.
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Abstracts from Various Literature, Prepared by AMA

PULMONARY ARTERIAL ABNORMALITIES IN SUDDEN INFANT DEATH SYNDROME

R. L. Naeye (M. S. Hershey Medical Center, Hershey, PA 17033)

New Eng. J. Med. 289:1167-1169 (Nov. 29) 1973.

In the present study, 40 babies dying from sudden infant death syndrome (SIDS) are reported. The infants had 1.6 times as much muscle in their pulmonary arteries as did controls. Three fourths of this added muscle was due to hypertrophy and the rest to hyperplasia of smooth muscle fibers. Increased muscle at these sites is a characteristic consequence of chronic alveolar hypoxia. Age-matched infants living at high altitude at the time of death had 2.3 times as much muscle in their small pulmonary arteries as did the low-altitude controls. These findings are consistent with the recent observation that some victims of SIDS have had periods of apnea preceding their deaths.

EFFECTS ON NEONATE OF MATERNAL INTAKE OF HEROIN AND METHADONE

C. Zelson et al. (Metropolitan Hosp., Room 529, New York 10029)

New Eng. J. Med. 289:1216-1219 (Dec. 6) 1973.

Forty-six infants born to methadone-addicted mothers were compared with 45 infants of heroin-addicted mothers, both during the same period of time. Withdrawal syndrome occurred with equal frequency among both groups; however, the signs of withdrawal and severity of these signs were greater among the methadone-exposed infants. Convulsive seizures and severe hyperbilirubinemia were found with greater frequency among the methadone infants. Hyaline membrane disease was present in two of the methadone-exposed infants.

CEPHALOTHIN LEVELS IN HUMAN BILE

M. D. Ram (13951 Terrace Rd., Cleveland 44112) and S. Watanatittan

Arch. Surg. 108:187-189 (Feb.) 1974.

Cephalothin levels in serum, gall bladder bile, gall bladder tissue, and common bile duct bile were studied in both normal patients and in patients with biliary disease. Following a single dose of the drug, peak level in bile was reached at two hours and the level at eight hours was less than 1μ g/ml in patients with biliary drainage through a T-tube in the common bile duct. Cephalothin is concentrated in bile in normals and in patients with gall bladder disease. In the presence of jaundice the results are less conclusive.

MINIBIKES: NEW FACTOR IN LARYNGOTRACHEAL TRAUMA

W. A. Alonso et al. (Washington Univ. School of Medicine, St. Louis 63155)

Ann. Otol. Rhinol. Laryngol. 82:800-804 (Nov.-Dec.) 1973.

Several cases of closed, blunt, external trauma to the neck with laryngotracheal separation are reported. All the patients were children between the ages of 10 to 16 years. A common denominator was the use of a minibike and inadvertent collision with a taut wire or cable. The potential lethality of this mishap is emphasized and immediate tracheotomy is advocated.

Continued

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CEFAZOLIN VS CEPHALOTHIN AND CEPHALORIDINE

C. Regamey et al. (Univ. of Washington School of Medicine, Seattle 98195)

Arch. Intern. Med. 133:407-410 (March) 1974.

In six healthy volunteers receiving constant intravenous infusions of cefazolin sodium, a steady state was reached during the third hour, with serum concentrations four times as high as those obtained with cephalothin sodium. Single intramuscular injections gave average peak blood levels more than twice as high as those with cephalordine. Serum half-life was 1.8 hours for cefazolin, compared with 1.12 hours for cephaloridine and 0.47 hour for cephalothin. Lower renal clearance of cefazolin, as compared to that of cephaloridine and cephalothin, was mainly responsible for its higher and more prolonged blood levels. Serum protein binding was 86% for cefazolin, compared to 65% for cephalothin and 20% for cephaloridine; this was associated with a smaller apparent volume of distribution. Almost all of the cefazolin administered was recovered in the urine within 24 hours, and no metabolic breakdown product was detectable.



IATROGENIC PERFORATIONS OF ESOPHAGUS: THERAPEUTIC CONSIDERATIONS

Y. Wooloch et al. (Beilinson Hosp., Petah-Tiqva, Israel)

Arch. Surg. 108:357-360 (March) 1974.

Iatrogenic perforation of the esophagus was diagnosed in nine patients. Seven were operated on and all survived even when operation was delayed for as long as 48 to 72 hours. Both of the patients who were treated conservatively died; despite the fact that treatment was commenced immediately after the perforation had occurred. Surgical treatment is indicated in all cases of esophageal perforation and conservative management should be employed only in those patients whose general condition does not permit operation.

DIAZEPAM ON DEMAND

D. K. Winstead et al. (B. Blackwell, 234 Goodman St, Cincinnati 45229)

Arch Gen. Psychiatry 30:349-351 (March) 1974.

For six months patients admitted to a psychiatric ward were allowed to seek diazepam (Valium) on demand. Details of 689 requests by 83 patients were recorded. Drug-seeking behavior was expressed as a drug-seeking index (DSI) based on the ratio of requests to duration of stay. For the whole ward there was an increasing trend in drug use and nurses' attitudes became more favorable. Over a quarter of the patients never sought drugs and requests were made on an average of only once every three days. The features correlated with DSI were anxiety, being female, white and having an elevated psychasthenia scale on the MMPI. The DSI was not related to either diagnosis or use of major psychiatric drugs. Extensive use of antianxiety drugs might be reduced by prescribing them when necessary rather than on fixed schedules.

EFFECTS OF CONTINUOUS WORK AND SLEEP LOSS IN REDUCTION AND RECOVERY OF WORK EFFICIENCY

B. B. Morgan, Jr. (Performance Research Lab. Univ. of Louisville, Louisville 40208)

Am. Ind. Hyg. Assoc. J. 35:13-16 (Jan.) 1974.

The synthetic work technique was employed in a series of investigations to determine the extent to which performance efficiency is degraded during extended periods of continuous work, and the amount of sleep necessary for the recovery of performance from the effects of continuous work and sleep loss. The results of these studies indicate that 36, 44, and 48 hours of continuous work and sleep loss result in decrements in overall work efficiency of approximately 15%, 20%, and 35% respectively. Following 36 hours of continuous work, it was found that 12 hours of sleep is sufficient for complete recovery of performance, but complete recovery is not provided by two hours (58% recovery), three hours (53% recovery) or four hours (73% recovery) of sleep. It has been indicated that the time course of recovery is different following different durations of continuous work and subsequent sleep. ◄

FUTURE MEETINGS, SEMINARS, COURSES

Indiana University School of Medicine Schedules Family Practice Review

In cooperation with the Indiana Academy of Family Physicians, a special comprehensive review in two parts will be presented by the Indiana University School of Medicine. Based in part to prepare for the ABFM examination, the Third Family Practice Review is scheduled for June 4-6 and July 9-11, 1974, at Stouffers Inn, Indianapolis.

For further information contact: Division of Postgraduate and Continuing Medical Education, Indiana University School of Medicine, 1100 W. Michigan St., Indianapolis, 46202; (317-264-8353).

Kentucky Sets International Symposium

The University of Kentucky has announced that an international symposium on intestinal absorption and malabsorption will be held at the University Medical Center, Lexington, On May 28, 29 and 30. Registration fee, $150. For further information, contact the Director of Continuing Education, College of Medicine, University of Kentucky, Lexington 40506.

Seminar on Liver Disease Offered

A seminar on Liver Disease will be presented at the Parkview Hospital, Fort Wayne, Ind., on June 3. All physicians are invited to attend this free continuing education offering which is called the "Visiting Gastroenterologist" program.

Leading the program will be Dr. William H. J. Summerskill of the Mayo Clinic in Rochester, Minn. Dr. Summerskill is a nationally recognized authority on diseases of the liver.

Dr. Summerskill's presentation will be in the Nursing School Auditorium at Parkview Hospital. The program will consist of lectures, case presentations and informal discussion. The program is tentatively scheduled to begin at 8 a.m. and end at 3 p.m.

There is no registration fee and reservations are not required. Because of space limitations, it is suggested that those interested in attending contact Dr. R. C. Smith who is in charge of local arrangements for the program. His office number in Fort Wayne is (219) 483-2143.

This program is fully supported by Warren-Teed Pharmaceuticals of Columbus, Ohio, and accreditation toward continuing medical education requirements has been requested.

Sets Continuing Education Seminar On Plastic Surgery of the Nose

The Department of Otolaryngology, University of Illinois Abraham Lincoln School of Medicine, Chicago, in cooperation with the American Academy of Facial Plastic and Reconstructive Surgery, Inc., and St. Joseph Hospital, will present an advanced continuing education seminar on "Plastic Surgery of the Nose—Rhinoplasty and Reconstruction" Sept. 7-11, 1974. A distinguished multispecialty national faculty will discuss and demonstrate, via videotaped and live color television, current methods of esthetic and reconstructive surgery of the nose.

For information and registration, write M. Eugene Tardy, Jr., M.D., Dept. of Otolaryngology, U. of Illinois Eye and Ear Infirmary, 1855 W. Taylor, Chicago 60612.

U of Illinois Announces Workshop On Surgery of Chronic Ear Disease

The Department of Otolaryngology of the University of Illinois Abraham Lincoln School of Medicine, announces a Workshop on the Surgery of Chronic Ear Disease to be held October 2 through 4, 1974.

The workshop will deal with canal preservation in surgery for cholesteatoma. The technic of canal preservation will be taught by closed circuit surgical color television and temporal bone dissection. Seminars will be held to discuss the difficulties and complications of these technics.

Registration includes all materials, lunches and transportation about the city, and is limited to 50.

Interested registrants may write directly to the Department of Otolaryngology, U. of Illinois Eye and Ear Infirmary, 1855 West Taylor St., Chicago 60612.

Colposcopy Course Scheduled

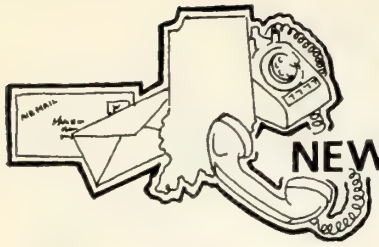
The University of Kentucky College of Medicine announces a course entitled "Colposcopy and the Cytologically Suspect Uterine Cervix," to be held at the Lexington Hilton Hotel June 17-18. Registration fee $250. For information, contact Ronald D. Hamilton, M.D., Director, Continuing Education, College of Medicine, Lexington, Ky. 40506

Aspen Mushroom Conference Announced

The Aspen Mushroom Conference is designed for physicians, scientists and amateur mycologists interested in the identification and toxic properties of mushrooms. The Conference is sponsored by the Beth Israel Hospital, Denver and the Colorado Mountain College, Glenwood Springs, Colorado and will be held at the Inns of Court, Snowmass-at-Aspen Colorado, August 26-30, 1974.

An outstanding group of Colorado and visiting mycologists and physicians will serve as a faculty for the Conference. Didactic sessions and refresher courses on mushroom identification will be held in the early mornings and late afternoons at the novice and advanced student levels. Group discussions on advances in the diagnosis and treatment of mushroom poisoning will be offered to physicians and others interested in this subject. Generally, in the late summer, the Snowmass mountains are richly productive of a wide variety of mushrooms. Experienced leaders will conduct daily forays into the surrounding mountains to collect edible and poisonous species and study their field characteristics.

For further information contact: Aspen Mushroom Conference, Beth Israel Hospital, W. 17th Ave. & Lowell Blvd., Denver, Colorado 80204, (1-303-825-2190).



NEWS NOTES

Trustees Name Beering Dean



Dr. Steven C. Beering is the new Dean of the Indiana University School of Medicine, following appointment by the I.U. Board of Trustees on March 30. He becomes the sixth dean of the school, largest medical school in the nation, succeeding Dr. Glenn W. Irwin, Jr., who resigned last year to take over the chancellorship of Indiana-Purdue Indianapolis. Dr. Beering has been on the medical school staff, serving as associate dean since 1970.

A specialist in internal medicine, Dr. Beering was graduated from the University of Pittsburgh School of Medicine in 1958 and resigned from a medical career in the U. S. Air Force to become associate dean. He has served on the editorial board of *The Journal* since January 1971.

"Your Office: Mess or Success?" Theme Chosen for Medical Assistants' Program

The "Traveling Symposium" of the American Association of Medical Assistants, Inc., Indiana Society, will be in Wabash at the Holiday Inn on Sunday, June 9. Theme of the educational workshop is "Your Office: Mess or Success?" and doctors in the area are urged to encourage their Medical Assistants—clerical, clinical, technicians, etc.— to attend the all-day session. It is, according to Mrs. Alene E. Saulman, Evansvlle, "designed with efficiency and proficiency in mind."

Forms for registration will be mailed soon; anyone who wishes further information and does not receive such a form should write or call Mrs. Neva Y. Arnold, R.N., C.M.A., 8007 E. 20th St., Indianapolis 46219.

Honors Come to Hoosier Doctors

Drs. Ralph High and Warren Bergwall, Muncie, were among those honored at the annual meeting of Gateway Center in Muncie.

Drs. Robert Barton and Donald Mason, Angola, were named to serve as judges of the Northeastern Tri-State Regional Science Fair held at Tri-State College recently.

Dr. C. A. Novy, Garrett, who closed his office Jan. 1 and is now a member of the staff practicing medicine at the Veterans Hospital, Fort Wayne, was guest of honor at the spring membership dinner of the Garrett Chamber of Commerce March 18.

On the tenth anniversary of his association with the Southern Indiana Mental Health and Guidance Center, **Dr. Joseph B. Brill, Jeffersonville,** was honored with a reception.

Dr. Dean K. Stinson, Rochester, who went to the meeting in a wheelchair, received the Community Service Award for his 42 years of service to others at the Rochester Chamber of Commerce annual meeting recently. He has been in retirement since breaking his right hip in October 1972.

Dr. Robert G. Young, Marion, was crowned "Boss of the Year" of the Grant County Medical Assistants Association recently.

Dr. L. Z. Bunker, retired physician and historian, received the North Manchester Jaycees' Outstanding Citizen Award recently. Dr. Bunker will be assisting this spring in a town survey where all buildings will be listed and age of each recorded. The project will be guided by the National Restoration organization in Washington.

Address Industrial Nurses

Programs on eye, ear and back injuries were presented at the annual spring workshop of the Indiana Association of Industrial Nurses at Evansville. The speakers were **Dr. Elizabeth Sowa, Dr. Joseph W. Begley and Dr. R. Anthony Marrese.**

Dr. Marshall Aids Navajos

Dr. W. J. Marshall, Hammond, spent three weeks recently working at the Indian Health Service Hospital in Shiprock, N.M. The medical facility lies in the midst of the Navajo Indian reservation on a 24,000-square-mile chunk of rugged terrain that straddles the "Four Corners" area, where Utah, Colorado, Arizona and New Mexico come together. He received his assignment through the American College of Obstetricians and Gynecologists.

Dr. John Keating Appointed

Dr. John Keating, Indianapolis, superintendent of Central State Hospital, became assistant commissioner of clinical services of the state Mental Health Department on May 1. His appointment was announced by Dr. William Murray, Indiana mental health commissioner.

Dr. Keating, superintendent at Central State since 1968, served as acting mental health commissioner during the administration of former Governor Edgar Whitcomb.

Methodist Hospital, Indianapolis, Hosts First Congressional Hearing

The first Congressional hearing ever held in an American hospital took place in Indianapolis at the Methodist Hospital on March 15. The hearing focused on local response to the proposed National Health Policy and Health Development Act of 1974 - H.R. 12053.

Following a welcome by **Governor Otis Bowen,** the following physicians testified before the Subcommittee on Public Health and Environment of the Committee on Interstate and Foreign Commerce: **Drs. Frank P. Lloyd, William T. Paynter, Steven C. Beering and James H. Gosman,** all of Indianapolis.

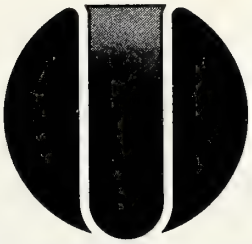
Dr. Thomas Haller Retires

Dr. Thomas C. Haller, Crawfordsville, has announced his retirement. He went to Crawfordsville in 1943 after a six-year term as medical director of clinics at the Chicago Medical School. He was honored on March 12 at a dinner at the Crawfordsville Country Club.

Continued

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NEWS NOTES

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Two Named Radiology Fellows

Dr. Donald A. Zalac, Michigan City, and **Dr. Joseph L. Morton, Indianapolis** were honored recently by being named as Fellows of the American College of Radiology.

Dr. Snively Featured Speaker

Dr. W. D. Snively, Jr., Evansville, was the featured speaker at the Vanderburgh County Mental Health Association's annual awards banquet recently.

Dr. Humphrey is Toastmaster

Dr. Paul Humphrey, Terre Haute, served as toastmaster at the Western Indiana Purdue Ag Banquet held recently at Rose-Hulman Institute of Technology.

Dr. Noah Rockey Writes

Accompanying his check for renewal of his Senior Member subscription to *The Journal* was a letter from **Dr. Noah A. Rockey, Fort Lauderdale, Fla.,** formerly of Fort Wayne, stating that he was glad to get "home to Indiana and take care of a few of my old patients, after attending the Mayo International Clinics near my home here. I hope to get back to our 1925 Homecoming."

Section on Allergy Organizes

A Section on Allergy was established by action of the House of Delegates in October last year, and the Section has chosen the following officers: **Chairman, Dr. Mark H. Mothersill, Indianapolis; vice chairman, Dr. Irvin Caplin, also of Indianapolis; secretary, Dr. Rex W. Dixon, Anderson; program chairman, Dr. Julian R. Kaufman, Fort Wayne, and co-chairman, Dr. William M. Mount, Lafayette.**

New Cancer Film Available

"Progress Against Cancer" is a 57-minute color film that illustrates how modern research has solved many of the disease's mysteries. It is sponsored by the National Institutes of Health and is available for free-loan from Association-Sterling Films, 866 Third Ave., New York City, 10022.

Mediphone

Telephone consultations may be obtained with authorities of national reputation through Mediphone of Chicago. A call to 312-782-7888 (Chicago) with explanation of the problem will quickly connect the physician with expert advice. The service is non-profit. A fee of $25 is charged for each consultation. Mediphone is available only to physicians. The charge for the consultation can be included in the patient's bill and may be covered by his health insurance carrier.

Upjohn Offers Prostaglandins Film

Upjohn has a new film "Prostaglandins: Tomorrow's Physiology?" It is a status report designed to elucidate the origin, development, theoretical modes of action and potential clinical applications. Full color, sound, 16 mm, 22 minutes long. Available on a free-loan basis for medical meetings. Address request to Upjohn at Kalamazoo 49001, giving first choice and alternate dates.

Diagnostic X-Ray Sessions Set

The FDA is conducting one-day explanatory sessions throughout the U.S. to inform those concerned with the new Federal standard for diagnostic x-ray equipment as to the final requirements of the standard. Anyone in Indiana may write to Richard H. Cooke, Room A-1945, 175 W. Jackson Blvd., Chicago 60604 or telephone 312-353-5244 for details.



Students, Physicians Exchange Ideas

THE FIFTH ANNUAL RETREAT of representatives of the Indiana State Medical Association, medical students, house staff and Indiana University School of Medicine faculty was labeled one of the best held to date by participants. In a full two-day session of meetings and informal conferences held at the Ramada Inn, Terre Haute, March 1-3, the groups discussed Controls on Medical Practice, Organizational Changes in Medical Practice, Financing Health Care Delivery and Changes in Medical Education. Co-chairpersons of the Retreat were Drs. Raymond H. Murray and Betty Dukes.

Pamphlet on Headaches Offered

Public Affairs Pamphlet No. 502 "What We Know About Headaches," by Arthur S. Freese is now available. Written for laymen, the booklet covers what to do about headaches, looks at causes, symptoms, remedies etc. The price is 35 cents. Address is 381 Park Avenue South, New York City 10016.

Accreditation by AMA-AAMA Given Government Recognition

The Council on Medical Education of the AMA in collaboration with the American Association of Medical Assistants has been recognized by the U.S. Commissioner of Education as an official agency to accredit educational programs for the medical assistant. To date, 58 one- and two-year programs have been approved in junior and community colleges and proprietary schools.

Two Attend Burn Management Symposium

Val J. Dickman, district sales manager, and Alfred V. Lipper, medical sales representative in Indianapolis, for Eaton Laboratories, recently attended the Burn Management-Surgical Nutrition Symposium at Stanford University.

Elected Vice President of GOP Group

Congressman William Hudnut, Indianapolis, has been elected vice president of the Republican 93rd Club, an informal organization made up of the 45 newly elected GOP house members.

Roentgen Society Elects Officers

Officers of the Indiana Roentgen Society, Inc., a chapter of the American College of Radiology, who were elected recently are: **Dr. L. Ray Stewart, Evansville,** president; **Dr. David Gastineau, Fort Wayne,** president-elect; **Dr. John Knote, Fort Wayne,** secretary, and **Dr. Roscoe Miller, Indianapolis,** treasurer.

Dr. Tetrick Serves as Moderator

Dr. Lain Tetrick, Portage, president of the Central States Society of Industrial Medicine and Surgery, served as moderator of the first session of the society's Spring Meeting, held at Chicago Mar. 29-30.

New EPA Booklet Offered Free

An illustrated 24-page color booklet describing adverse effects that the pollution of the environment has on human beings is offered without charge. Titled **Health Effects of Environmental Pollution,** and believed particularly useful to physicians and other medical practitioners, the booklet gives the reader some insight on the role of the environment in "causing" diseases like bronchitis. Is the psyche affected by lead, or mercury, or noise exposure? Can odors hurt you? How are some chemicals not only carcinogenic, but teratogenic or mutagenic? These are the kinds of questions raised and discussed.

Available free from Office of Public Affairs, Dept. MED, U.S. Environmental Protection Agency, Washington, D.C. 20460.

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Site of Caesarean Section Marked

Ceremonies at the dedication and unveiling of a roadside marker commemorating the performance of the first successful Caesarean section in Indiana were held April 4 near Lafayette. The marker points out the home, still standing, where Dr. Moses Baker of Stockwell performed the operation on a kitchen table on Nov. 6, 1880. Dr. Baker's patient was Mrs. Luther (Emma) Lucas, and the child was named Garfield Arthur Lucas. Mrs. Lucas lived for many years after the operation, and so did her son, who died in California in the 1950's.

At the ceremonies, **Dr. William Sholty, Lafayette,** represented both the Tippecanoe County Historical Society and the Tippecanoe County Medical Society, which had arranged for the erection of the marker.—(Photo courtesy of Lafayette *Journal and Courier.*)

Governor Bowen Makes Appointments

The following have been reappointed to the State Board of Medical Registration and Examination by **Governor Otis Bowen: Drs. William N. Horst, Crown Point; Merritt O. Alcorn, Madison, and Malcolm O. Scamahorn, Pittsboro.**

Appointed to the Indiana Medical-Distribution Loan Fund Board of Trustees (created by the last session of the legislature) are: **Drs. Ross L. Egger, Daleville, and George Lukemeyer, William T. Paynter and A. Alan Fischer, all of Indianapolis.**

Dr. Terry W. Talley, Evansville, was appointed to the Medical Advisory Commission on Driver Licensure to replace the late **Dr. Theodore R. LeMaster, Indianapolis.**

Dr. John Suelzer, Indianapolis, was appointed to a four-year term expiring in March 1978 on the 11-member Indiana Emergency Medical Services Commission.

Dr. Joseph Black Reelected Chairman of Blue Shield Board

Dr. Joseph M. Black, Seymour, has been reelected chairman of the Board of Directors of Blue Shield of Indiana. Dr. John Paris, New Albany, was chosen vice-chairman; Dr. John Beeler, Indianapolis, secretary; and Frank E. McKinney, Jr., Indianapolis, treasurer. Dr. Ralph Carlson, Evansville; Dr. G. Beach Gattman, Elkhart, and Dr. Peter Petrich, Attica, were elected Directors.

Resources for Those Over 65 Listed In Latest Public Affairs Pamphlet

Public Affairs Pamphlet #501, entitled "After 65: Resources for Self-reliance," is now offered for sale. The 28-page document, written by Theodore Irwin, outlines the resources that can help the elderly help themselves. The price is 35 cents. Write Public Affairs Committee, 381 Park Avenue South, New York City 10016.

SCHEDULE FOR UPCOMING NCME PROGRAMS

Here are the playing dates and upcoming programs to be distributed by The Network for Continuing Medical Education (NCME):

May 6-May 19 HOME MANAGEMENT OF ARTHRITIS, with John J. Calabro, M.D., Chief of Rheumatology, Worcester City Hospital, and Professor of Medicine, University of Massachusetts Medical School, Worcester, Mass.

SENSORY FEEDBACK THERAPY, a project developed by Joseph Brudny, M.D., Clinical Assistant Professor of Rehabilitation Medicine, New York University, and in conjunction with members of the Bellevue Hospital Center, I.C.D. Rehabilitation and Research Center and New York University Medical Center in New York.

ZOSTER: A LATENT THREAT, with Richard C. Gibbs, M.D., Professor of Clinical Dermatology and Philip A. Brunell, Director, Laboratory of Infectious Disease, Department of Pediatrics, both of New York University Medical Center.

For more information about NCME, write The Network for Continuing Medical Education, 15 Columbus Circle, New York, New York 10023.

(Program scheduling subject to change)

Medical Staffs Elect Officers

Dr. Windham Bremer, Michigan City, was installed as president of the medical staff of Walters Hospital Foundation, Inc., at a recent meeting. Also elected were James Ogle, D.O., vice president, and **Robert E. McBride, M.D.,** secretary-treasurer. Named to the executive committee were **Drs. F. G. Battle, Gerald T. McInerney, and William H. Walters, all of Michigan City.**

New officers of the Huntington Memorial Hospital medical staff are: **Dr. John B. Kay,** president; **Dr. Howard H. Marks,** vice president, and **Dr. Paul E. Doermann,** secretary-treasurer. The 1974 chiefs of service, in addition to Dr. Doermann, who is chief of surgery, are: **Dr. Barth Wheeler,** medicine; **Dr. Barbara J. Krueger,** radiology; **Dr. Walter D. Griest,** pathology, and **Dr. Reeve B. Peare,** obstetrics.

Drs. A. N. Larson, J. E. Regan, **R. G. Blair, S. E. Cope** and Krueger were named to the professional activities committee, and **Drs. R. W. Wagner** and Peare to the joint conference committee.

Dr. Chamblee Chosen to Testify

Dr. Roland Chamblee, South Bend, was scheduled to testify in both April and May before the Senate Subcommittee on Constitutional Amendments as the representative of Indiana Right to Life, Inc.

Dr. John Nurnberger Retires as Chairman

Dr. John I. Nurnberger, Indianapolis, has announced his retirement as chairman of the department of psychiatry at the Indiana University School of Medicine. He will continue to teach as distinguished professor of psychiatry at I.U.

Medical Director, Associate Named By Occupational Health Association

Dr. H. Wayne Richmond, Columbus, medical director at Cummins Engine Co., has been named medical director of the Columbus Occupational Health Association, and **Dr. Brockton L. Weisenberger** is associate director.

The $950,000 medical center was built to provide occupational health care, including preventive medicine, for employes of member companies of the association. Currently, 30 companies including nearly 17,000 employes are involved in the facility.

COHA is concerned with occupational medical care and diagnostic preventive medicine and does not treat personal illness. Also, no care is offered for dependents of employes of member companies.

Opens Hypnosis Institute

Dr. Richard D. Willard, Fort Wayne, has completed a residency at the 18-year-old American Institute of Hypnosis, Los Angeles, and recently opened the Institute of Medical Hypnosis at Fort Wayne.

Hepatitis, Radiotherapy and Epilepsy Subjects of Today's Medicine Programs

"Today's Medicine," a series of live programs on the WAT 21 Medical Television Network, will close out this year's academic season with programs on hepatitis, radio-therapy and epilepsy.

The 30-minute programs are seen at 12 Noon on Tuesdays at 26 hospitals around Indiana (hospitals and viewing areas are listed on pages 46-47 in the January issue of *The Journal*). Viewers may communicate with speakers in the Indiana University School of Medicine TV studio via special telephones located in each hospital's WAT 21 Viewing Area.

For information on postgraduate credit for viewing these programs contact the Division of Postgraduate Medical Education, I.U. School of Medicine, 1100 W. Michigan St., Indianapolis 46202.

For WAT 21 program information contact: WAT 21 Station Manager, MERP, 1100 W. Michigan St., Indianapolis 46202 (telephone 317-264-4316).

The final programs of the season are:

May 21—"Hepatitis Today" Carleton Nordschow, M.D.

May 28—"Radiotherapeutic Control of Early Breast Cancer" Ned Hornback, M.D.

June 4—"Management of Epilepsy" Omkar N. Markand, M.D. (rescheduled from March 19).

SCIENTIFIC EXHIBIT APPLICATION FORM

Committee on Scientific Exhibits
Indiana State Medical Association
3935 N. Meridian Street
Indianapolis 46208

Please send me an application form for a Scientific Exhibit at the ISMA Annual Convention, October 4-8, Indianapolis.

I propose to exhibit _____

Name _____

Address _____

City _____

State _____ **Zip** _____



TAX TIPS

by LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professor Jegen urges the reader to consult the reader's lawyer before applying the data in this article to a particular fact situation.

The Tax Court has just published an opinion concerning one of the most important estate planning techniques which you have available to you. The issue before the court concerned the amounts which must be included in a decedent's gross estate when the decedent makes a gift, in contemplation of death, of a life insurance policy on his life, which gift is made within three years before his death. See *Estate of Silverman,* 61 TC No. 37 (1973). While the decision is based upon, and is consistent with, another case which was decided by a Court of Appeals in 1945, there have been many other cases, rulings and pronouncements of one type or another, since then, which have made it difficult to determine the applicability of the 1945 case. *See Liebmann v. Hassett,* 148 F. 2d 247 (1st Cir. 1945).

In the recent Tax Court case, a father purchased a life insurance policy more than five years before he died and paid the premiums for the insurance, until he gave the policy away as a gift. The gift of the policy was made, in contemplation of death, to his son, and within three years of the father's death. After the gift, the son paid the subsequent premiums for the insurance, presumably from the son's own funds.

Based upon these facts, the Tax Court held that the father's gross estate did not have to include the full face value (the proceeds) of the life insurance policy. That is, the court determined (based upon *Liebmann v. Hassett*) that the portion of the proceeds which was attributable to the premiums which were paid by the son should be excluded from the father's gross estate. And, while there are many methods which could have been used in order to determine the excludable portion, the court used a ratio which was based upon the total premiums paid by the son over the total premiums paid by both the father and the son. The theory of the court was that the son's payments "kept alive" the insurance and that the son's payments added to the value of the life insurance in much the same way that improvements which are made to real estate add to the value of the real estate. In the latter case, even the Regulations concede that, in an analogous situation, the improvements to real estate would not be includable in the decedent's gross estate.

The holding of this case is particularly significant, because the court allowed a portion of the policy proceeds to be excluded from the decedent's gross estate under a theory which is the opposite side of a theory which the I.R.S. used to advocate—unsuccessfully. That is, the I.R.S. used to argue that a portion of life policy proceeds should be included in a decedent's gross estate where the decedent makes a gift of the life insurance policy *more* than three years before his death but pays premiums for the insurance *within* three years of his death, in contemplation of death. Under the prior I.R.S. view, the amount of the proceeds which should be included in the decedent's gross estate, in the latter case, is determined by multiplying the total proceeds by the fraction which consists of the total premiums paid in contemplation of death, within the three-year period, over the total premiums paid. While the I.R.S. appeared to have abandoned this latter view, undoubtedly, the view will be reasserted—following the *Silverman* case.

The estate planning principles which can be drawn from the *Silverman* case and the important prior I.R.S. statements in Rev. Rul. 71-497, 1971-2 CB 329, are fairly obvious.

If an individual wants to reduce his gross estate, then one obvious avenue is to make a gift of his life insurance to the beneficiary of the insurance and to have the donee-beneficiary pay the premiums thereafter out of the donee-beneficiary's own funds. If the donor-insured lives for more than three years after the gift, then, apparently, the entire proceeds will be excludable from his gross estate, unless, perhaps the I.R.S. is able to link the decedent to the funds which are used to pay the premiums within the final three-year period.

If the donor-insured does not live for more than three years after the gift, then (at least, based upon *Silverman* and *Liebmann*), some of the proceeds may be excludable from the decedent's gross estate, because the donee-beneficiary paid the premiums after the gift.

And, it is, in general, still good advice to have the beneficiary, e.g., the wife, apply for and purchase the insurance in the first instance. However, be certain to document that the wife initiated and wanted the purchase and that the purchase was not part of a plan which was developed and initiated by the insured-husband. ◄

County, District News

Eighth District

The Eighth Trustee District annual meeting will be held on May 29 at the Anderson Country Club. This is a change from the item carried on this page in the April issue.

Tenth District

September 25 is the date, and the Valparaiso Country Club is the place chosen for the annual meeting of the Tenth District.

Allen

Dr. George Crile, Jr., of the Cleveland Clinic, discussed "The Breast Cancer Controversy" at the April meeting of the Fort Wayne-Allen County Medical Society.

Cass

Dr. E. Camille Parker has been elected president of the Cass County Medical Society, and Dr. Joseph S. Bean will continue as secretary. Both are of Logansport.

Clark

Dr. Eli Goodman, Charlestown, gave report on his week in Washington visiting with AMA representatives and Indiana Senators and Congressmen. Two new members were accepted, and Dr. McTechnie, as county health officer, made a report, in addition to other business transacted.

Clay

Dr. Robert C. Oehler was recently elected president of the Clay County Medical Society. Dr. Robert Maurer will serve as vice president, and Dr. Everett Conrad was reelected secretary. All are of Brazil.

Elkhart

Dr. John Moss, chief of endocrinology at Georgetown University, Washington, D.C., spoke on diabetes at the April meeting of the Elkhart County Medical Society, courtesy of the Pfizer Company.

Floyd

Dr. Vernon Bundy of New Albany will serve as president of the Floyd County Medical Society this year, and Dr. Daniel H. Cannon, New Albany, continues as secretary.

Newton

In the recent election held by the Newton County Medical Society, Dr. John C. Parker, Goodland, was chosen president, and Dr. Marcelino F. Guzman, Morocco, secretary.

Owen-Monroe

A neurosurgeon who is president of the American Association of Councils of Medical Staffs, Dr. Jose L. Garcia Oller of New Orleans, was the speaker at the February meeting of the Owen-Monroe County Medical Society.

Tippecanoe

Fifty-two members of the Tippecanoe County Medical Society were on hand for the March meeting, at which there was a discussion on revision of the society's bylaws.

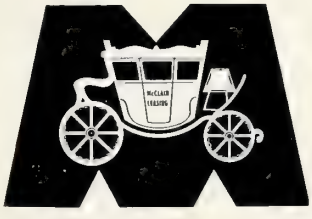
Wayne-Union

Dr. Granger Westberg, director of the Wholistic Health Center in Chicago, was the speaker at the March meeting of the Wayne-Union County Medical Society. Earlier, he conducted a workshop-type session for ministers and physicians at Reid Memorial Hospital, the first time those two professions have met in a workshop at Richmond.

Dr. Paul Rhoads, director of medical education at Reid, was honored for his 76th birthday anniversary during the later meeting.

At the February meeting, John Wagoner, professor of pharmacy at the University of Michigan, spoke on "Bio-Availability in Man."

Dr. Morris Green, professor and chairman of the department of pediatrics at Indiana University School of Medicine, spoke on "Parents and Children" at the group's April Meeting.



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Deaths

Edwin B. Bailey, M.D.

Dr. Edwin B. Bailey, 58, who practiced in Linton more than 30 years, died March 27.

Chief of staff at Greene County Hospital, Dr. Bailey was a member of the Indiana Academy of General Practice, the Greene County Medical Society, the American Medical Association and was president of the Green County Heart Association.

A graduate of the Indiana University School of Medicine with the class of 1940, Dr. Greene was a veteran of World War II.

In 1960 he served on the Committee on Medicine and Religion.

Dennis A. Bethea, M.D.

Dr. Dennis A. Bethea, Hammond, died March 11 at his home. He was 97 and had practiced at Hammond nearly 50 years.

A graduate of Jenner Medical College, Chicago, in 1907, he also did postgraduate work at Harvard University. He started his practice in Terre Haute in 1907. In 1930, when the mining industry began failing, he moved to Hammond.

The first Negro doctor admitted to the staff of St. Margaret Hospital, Hammond, Dr. Bethea was a founding member and past president of the Hoosier State Medical Society.

A member of the 50-Year Club, Dr. Bethea was also a Senior Member of the Indiana State Medical Association, the American Medical Association and the Lake County Medical Society.

Joel T. Carney, M.D.

Dr. Joel T. Carney, whose medical career spanned some 60 years, died March 3 at his home in Calabasa, California. He was 84.

Dr. Carney practiced in Batesville following his graduation from the University of Louisville School of Medicine in 1921 and practiced in Jeffersonville since the early 1940s.

Active in the Clark County Medical Society, Dr. Carney served as a delegate to the 1965 annual meeting. He was a Senior Member and a member of the 50-Year Club of the Indiana State Medical Association and of the American Medical Association.

Andrew Frederick Connoy, M.D.

Dr. Andrew F. Connoy, 69, a retired Westfield physician, died March 16 at his home near Fort Myers, Fla.

He was graduated from the Indiana University School of Medicine in 1930 and practiced in Hamilton County until 1966. A former Hamilton County health officer, Dr. Connoy was a member of the Hamilton County Medical Society and the American Medical Association.

Pierce MacKenzie, M.D.

Dr. Pierce MacKenzie, Evansville, died Feb. 25, 1974, at the age of 81.

A graduate of Rush Medical College, Dr. MacKenzie interned at Presbyterian Hospital, Chicago, and was the first physician to specialize in obstetrics and gynecology in the Evansville area, where he practiced for more than 50 years. At the time of his death he was serving on the City-County Board of Health.

Dr. MacKenzie was a Senior Member and a member of the 50-Year Club, a member of the Vanderburgh County Medical Society and the American Medical Association.

Raymond C. Meyer, M.D.

Dr. Raymond C. Meyer, St. Germaine, Wis., who was the first director of the former Hillcrest Tuberculosis Hospital at Vincennes, died recently at St. Petersburg, Fla. He was 85 and was a graduate of the Wisconsin College of Physicians and Surgeons, Milwaukee.

A former member of the Knox County Medical Society, Dr. Meyer went to Vincennes in 1939 and was medical director of the hospital until 1956, when he retired.

Also a member of the American Medical Association, Dr. Meyer served on the ISMA Anti-Tuberculosis Committee in 1944 and from 1953 to 1955 on the Committee on Tuberculosis.

Ethelbert R. Wilson, M.D.

Dr. Ethelbert R. Wilson, 73, died March 20 at Red Bluff, Calif., where he had practiced since 1943. Prior to that time he practiced in Indianapolis, where he also served as Marion County coroner, and as a deputy coroner. Dr. Wilson was the first public official to make alcohol blood tests of drivers in fatal accidents in Marion County.

He was a graduate of the Indiana University School of Medicine and was a former member of the Marion County Medical Society and the American Medical Association. He later served as president of the Tahoma County Medical Society in California.

Plan Full Day of Fun at the Speedway

Wednesday, May 15, 1974

The Indiana Society of Medical Service Representatives presents for the social pleasure of physicians, dentists, pharmacists and guests their annual Full Day of Fun at the Indianapolis Motor Speedway Golf Course. In addition to golfing and tours of the pits and 500-mile track, there will be a banquet at the Speedway Motel, with prizes for the day's winners and a talk by a race track personality. The $15 charge includes greens fee and banquet.

Reservations may be made by calling the Marion County Medical Society, 317-639-3406.

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PHYSICIANS OPENINGS IN INDIANA REHABILITATION SERVICES

The Indiana Rehabilitation Services has openings for physicians in its various divisions. Interested persons should contact Dr. Walter E. Deacon, Room #1028 Illinois Building, Indianapolis, Indiana. Telephone (317) 633-6942.

FAMILY PRACTICE opening January 1974 in two-man office. Cashmere, Wash., outstanding orchard community. Scenic area with unlimited recreation opportunities. Partner retiring. Initial salary and early partnership. Edgar A. Meyer, M.D. (Iowa '50) ABFP, 303 Cottage Ave., Cashmere, Wash. 98815 AC509/782-1541

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GENERAL SURGEON, Board eligible, married, desires to relocate practice in small town with good hospital, prefer solo, good references, available anytime. Write Box 391, The Journal, 3935 N. Meridian St., Indianapolis 46208.

ESTABLISHED, WELL-LOCATED family practice in fully equipped office. X-ray, EKG, Laboratory, and Therapy Units. Owner joining E. R. group. Available July 1, 1974. Contact A. A. Hood, 910 E. Markwood, Indianapolis (south side), Indiana. Phone 786-6929.

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Possible group practice available or purchase of vacant private clinic. If interested, call John Barce, 317-884-0364 or 317-884-0544. Write P.O. Box 566, Fowler, Indiana 47944.

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Modern, 350-plus bed general hospital located in pleasant midwestern city of 45,000 pop. seeks E.R. Physician to cover expanding service. Will join staff of four experienced E.R. Physicians in new facility. Salary range: $35,000-$40,000. Please send resume to Box 392, The Journal, 3935 N. Meridian St., Indianapolis 46208.

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FOR SALE: Medical equipment including examination table, autoclave, etc., plus office equipment, like new in excellent condition. Write or call J. M. Lorber, M.D., 317/392-4118, Shelbyville, Indiana.

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Associated depressive symptoms

Before prescribing, please consult complete product information, a summary of which follows:

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Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequenc and/or severity of grand mal seizures ma require increased dosage of standard ant convulsant medication; abrupt withdraw may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) hav occurred following abrupt discontinuanc (convulsions, tremor, abdominal and mu cle cramps, vomiting and sweating). Kee addiction-prone individuals under carefu

respond to one

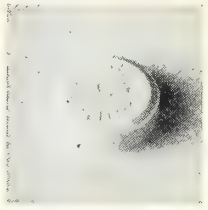
According to her major symptoms, she is a psychoneurotic patient with severe anxiety. But according to the description she gives of her feelings, part of the problem may sound like depression. This is because her problem, although primarily one of excessive anxiety, is often accompanied by depressive symptomatology. Valium (diazepam) can provide relief for both—as the excessive anxiety is relieved, the depressive symptoms associated with it are also often relieved.

There are other advantages in using Valium for the management of psychoneurotic anxiety with secondary depressive symptoms: the psychotherapeutic effect of Valium is pronounced and rapid. This means that improvement is usually apparent in the patient within a few days rather than in a week or two, although it may take longer in some patients. In addition, Valium (diazepam) is generally well tolerated; as with most CNS-acting agents, caution patients against hazardous occupations requiring complete mental alertness.

Also, because the psychoneurotic patient's symptoms are often intensified at bedtime, Valium can offer an additional benefit. An *h.s.* dose added to the *b.i.d.* or *t.i.d.* treatment regimen can relieve the excessive anxiety and associated depressive symptoms and thus encourage a more restful night's sleep.

For further information on this subject, the following references are provided:

1. Henry BW, *et al: Dis Nerv Syst 30*:675-679, Oct 1969.
2. Hollister LE, *et al: Arch Gen Psychiatry 24*:273-278, Mar 1971.
3. Claghorn J: *Psychosomatics 11*:438-441, Sept-Oct 1970.



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in psychoneurotic anxiety states with associated depressive symptoms

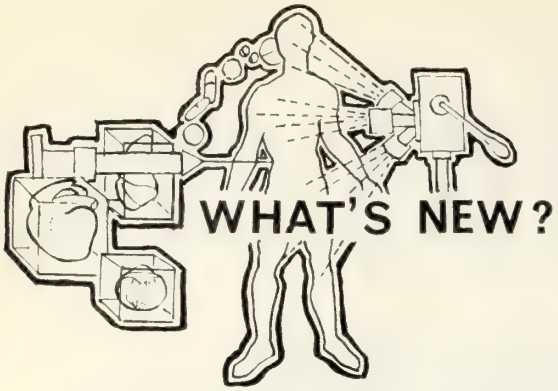
urveillance because of their predisposition to habituation and dependence. In regnancy, lactation or women of childearing age, weigh potential benefit gainst possible hazard.

recautions: If combined with other psychotropics or anticonvulsants, consider arefully pharmacology of agents employed; drugs such as phenothiazines, arcotics, barbiturates, MAO inhibitors nd other antidepressants may potentiate s action. Usual precautions indicated in atients severely depressed, or with latent epression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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Behavioral Publications has released "The Ecology of Mental Disorder" by Leo Levy and Louis Rowitz of the University of Illinois. The effect of urban life on mental disorders is analyzed. Chicago is the focus of the book but the increase of urbanization in the U.S. as a whole is the main theme. Hardbound—$12.95.

* * *

The Woman's Auxiliary for the Florida Medical Association has prepared and the Florida Medical Foundation has published a cookbook entitled "What's Cooking, Doc?" It contains 558 pages and over 850 recipes. Proceeds go for medical research. Price is $5.75, postpaid. Write the Foundation at P.O. Box 2411, Jacksonville 32203.

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Federal law prohibits dispensing without prescription.

References:

1. Melges, F. J.: Obstet. Gynecol. *24*:921, Dec. 1964. **2.** Cameron, P. F.: Practitioner *202*:695, May 1969. **3.** Olsen, J. R.: Journal-Lancet *85*: 287, July 1965. **4.** Giorlando, S. W.: OB/GYN Digest *13*:32, Sept. 1971. **5.** Decker, A.: Case Reports on file, Medical Department, Julius Schmid. **6.** Friedel, H. J.: Md. State Med. J. *15*:36, Feb. 1966. **7.** Roberts, C. L. and Sullivan, J. J.: Calif. Med. *103*:109, Aug. 1965. **8.** Giorlando, S. W., Torres, J. F. and Muscillo, G.: Am. J. Obstet. Gynecol. *90*:370, Oct. 1, 1964. **9.** Abruzzi, W. A.: Western Med. *5*:62, Feb. 1964.

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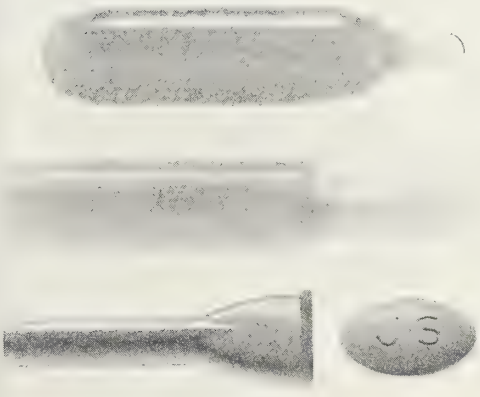
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Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible.

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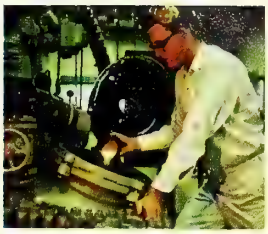
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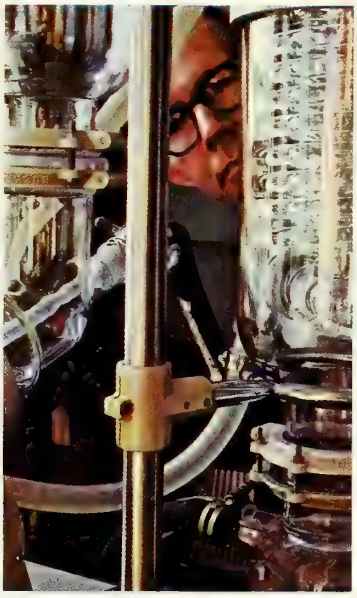
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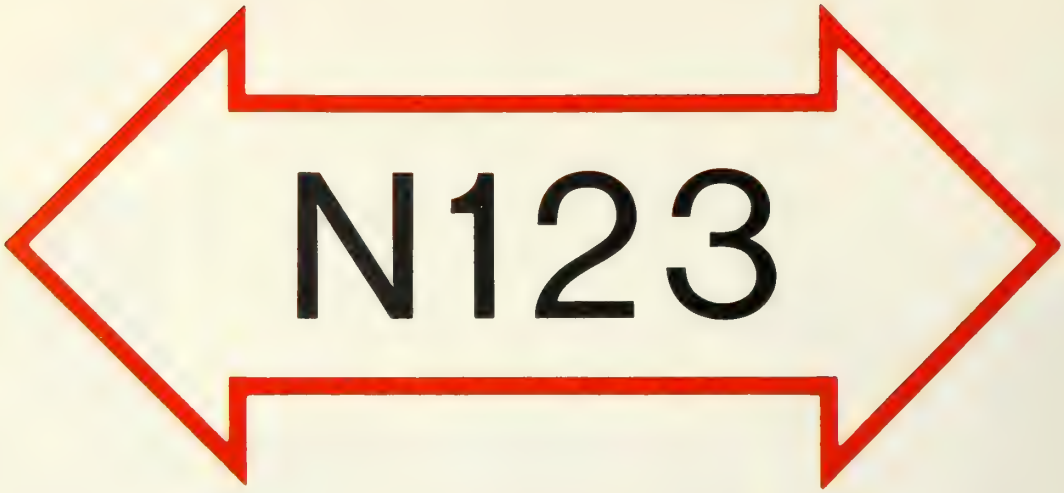




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References: 1. Reuter, S. H., and Montgomery, W. W.: Arch. Otolaryng. *80*:214-217 (Aug.) 1964. **2.** Osol, A., et al., ed.: The United States Dispensatory and Physicians' Pharmacology, ed. 26, Philadelphia, J. B. Lippincott Co., 1967, p. 171. **3.** Schwartz, A. D., and Pearson, H. A.: J. Pediat. *78*:558-560 (March) 1971.

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4.	Kenneth E. Bobb, Seymour		June 12, Seymour
5.	J. Franklin Swain, Rockville	Antolin M. Monticello, Clinton	
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7.	Eric Clark, Plainfield	M. O. Scamahorn, Pittsboro	June 5, Indianapolis
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10.	Mario D. Mansueto, Munster	James R. Brown, Valparaiso	Sept. 25, Valparaiso
11.	Joseph S. Bean, Logansport	Fred Poehler, La Fontaine	Sept. 11, Logansport
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The Battered Child Syndrome

KENNETH L. BUSSEY, M.D.
GEORGE F. RAPP, M.D.
Indianapolis

THE purpose of this paper is to re-present and reemphasize the problem of the battered child in hope of amplifying the awareness of the medical community. Family physicians, pediatricians and orthopedists in private practice do not encounter a sufficient number of cases to make them fully cognizant of the entity or readily think of it in a differential diagnosis. A brief review of the medicolegal aspect as it applies to the state of Indiana will be given. One typical case history as seen recently in our hospital will be presented.

Historical Background

In 1888, West[6] described acute periosteal swelling in several young infants, originally thought to be rachitic in nature, which on review probably represents lesions due to unrecognized trauma.

In 1935, in describing roentgenographic studies of infants delivered by breech extraction, Snedecor, Knapp and Wilson[5] recognized a traumatic origin of cortical thickening and metaphyseal fragmentation.

In 1946, Caffey[1] described a total of 23 long bone fractures in 6 infants, associated with chronic subdural hematoma.

In 1953, Silverman[4] described 3 cases with detailed laboratory and roentgenographic investigations and concluded that lesions were due to trauma in children with normal bones.

In 1962, Kempe et al.[2] coined the phase "the Battered-Child Syndrome" to characterize a clinical condition in young children who have received serious physical abuse, generally from a parent or foster parent. It is a significant cause of childhood disability and death.

Case Report

An 8-month-old white male was recently admitted to our hospital. He was said to have fallen from an automobile four days prior to admission. The child was being followed in the pediatric clinic for failure to thrive. Since the time of the fall the child had become progressively obtunded and lethargic and was vomiting intermittently. Past medical history was unremarkable except for the child's repeated episodes of fever and vomiting during the last two months. Family history revealed the mother was 16 years of age and the father 21. The patient's 2-year-old brother had sustained a fracture of his left femur at 16 months of age in a fall from his crib. A recent skeletal survey revealed a healing fracture of his left radius.

Physical examination revealed a malnourished, lethargic white male. There were bruises about the head and bilateral periorbital ecchymosis. There was a bruise on the anterior chest wall. OFC was 47 cm. The fontanel was extremely bulging and tense. There were bilateral 6th nerve palsies, pupils reacted to light, and bilateral retinal hemorrhages were present. Focal seizures were present. The neck was not stiff and the scalp veins were distended. The patient moved all extremities to painful stimuli. The remainder of the physical examination was unremarkable.

Laboratory examination revealed a hemoglobin level of 13.9 and hematocrit reading of 40.9 with a white blood count of 19,500. The urinalysis was normal. X-rays of the skull revealed the suture lines to be markedly widened, indicating in-

From the Department of Orthopedic Surgery, St. Vincent Hospital, Indianapolis 46260.



Figure 1

creased intracranial pressure. (Fig. 1) Chest x-ray revealed a healing fracture of the left 8th rib. There was thickening of the distal right clavicle which appeared to be a healing fracture. (Fig. 2) Long bone films revealed periosteal thickening in the midshaft of the left radius, representing an old healed fracture. The patient's clinical course was long and complicated. Initially, 30 cc of bloody fluid was obtained from the bilateral subdural taps. The patient was placed on phenobarbital and Dilantin to control seizure activity. Multiple subdural taps were performed over the ensuing days to control intracranial pressure. Ten days following admission bilateral burr holes were made for decompression and the brain was found to be depressed about 2 cm on each side. The child was showing progressive improvement following this when, suddenly, the child began seizuring again and not responding to verbal or auditory stimuli. A left ventricular-peritoneal shunt was performed. The child continued to improve slowly, but continued to have no response to visual threats and early optic atrophy was noted. The child was released to the custody of the Marion County Department of Welfare. Court action is pending.

Incidence

Since the institution of a separate division for handling child abuse cases in the Marion County Department of Welfare in September 1972, 258 cases involving 559 children (sometimes two or more children in a family) were referred. Of these, 65 cases were prosecuted in municipal or juvenile courts, with 25 convictions obtained.

Clinical Manifestations

The battered child syndrome may occur at any age but, in general, the affected children are younger than three years of age.

O'Neill et al.[3] reviewed 110 children recently with this syndrome. Thirty-seven patients were dehydrated, malnourished and anemic. Virtually every patient in their series had some degree of soft tissue injury, such as contusions, and 55 children were admitted primarily because of soft tissue trauma. Minor cigarette, scald and other contact burns occurred in 28 patients. Multiple contusions and lacerations were present in 70 patients. In 9 patients, bruises and severe anemia with abdominal distention, vomiting and fever suggested intra-abdominal injury. The most common intra-abdominal injury in their series was a fractured liver. Intrathoracic injuries were not encountered, but 16 patients had one or more fractured ribs. Twenty-eight infants and children were admitted primarily because of skeletal injury and, in particular, long bone fractures. Most of the fractures resulted from the child being twisted, struck, thrown or violently shaken. Fractures were multiple in 29 patients. The humerus was most commonly fractured, followed by the femur, ribs and tibia. Thirty-two patients had some form of intracranial injury. Skull fractures were present in 15. The most common cause of death in their series was due to severe intracranial injury with either intracranial hemorrhage or cerebral edema.

Radiologic Features

Roentgenograms are by far the best diagnostic tool available to make this diagnosis. The presence of traumatic changes in several locations and in different stages of healing is indicative of repeated episodes of trauma and is a sine qua non for the roentgenographic diagnosis. Commonly metaphyseal infractions or fragmentations are found in the immediate post-traumatic period. These are incomplete fractures which extend through the cortex and into the spongiosa of the metaphyseal ends of the long bones. They are particularly characteristic of willful trauma because of its very nature—jerking and twisting of arms and legs. These changes may be the result of epiphyseal separation, which is frequently inapparent but is obvious when displacement is also present. Several other roentgenographic features make their appearance with progress and healing. Subperiosteal calcification appears after 10 to 14 days, consisting of a homogenous thick or thin layer of calcification in the form of a cloak about the involved bone. When multiple fractures are present, the evidence that the child has been abused is even stronger. However, the strongest evidence for making a decision that the child has been subjected to abuse is the presence of multiple fractures that are in various stages of healing or callus formation at the border of the epiphyseal plate and the epiphysis. The differential diag-

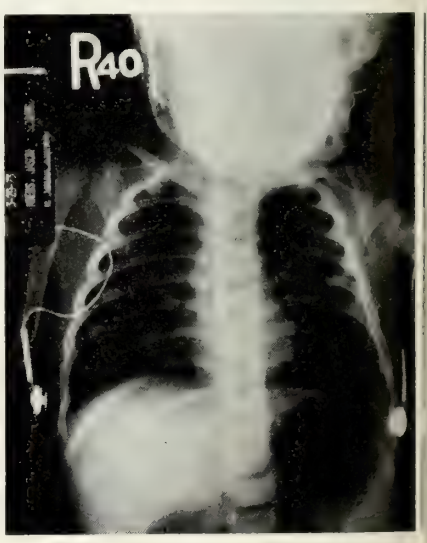


Figure 2

nosis includes scurvy, syphilis, osteogenesis imperfecta, osteomyelitis and tuberculosis.

Scurvy also produces large calcifying subperiosteal hemorrhages due to trauma and local exaggerations most marked in areas of rapid growth. However, scurvy is a systemic disease in which all the bones show the generalized osteoporosis associated with the disease. Vitamin C content of the blood may be determined to aid in differential diagnosis. Syphilis can result in metaphyseal and periosteal lesions similar to those under discussion. The bone lesions of syphilis tend to be symmetrical and are usually accompanied by other stigmata of the disease. Serologic tests may be of benefit.

Osteogenesis imperfecta also has bony changes which may be confused with those due to trauma, but it, too, is a generalized disease. Even when skull features are present, the mosaic ossification pattern of the cranial vault, characteristic of osteogenesis imperfecta, is not seen in the battered child.

In pyogenic osteomyelitis, frank bone destruction is likely to occur, often with involucrum and sequestrum formation; these are not seen in unsuspected trauma. Tuberculosis of bone is also destructive and the tuberculin test helps to differentiate it from other types.

Medicolegal Aspects

What is the responsibility and liability of the physician in the state of Indiana who makes the diagnosis of a battered child?

Indiana Code 1971, 12-3-4.1 states in section 2(a):

> It shall be the duty of any person who has reason to believe that a child has had physical injury inflicted upon him other than by accidental means by a parent or other person responsible for his care to report such information to the county department of public welfare or the proper law enforcement agency.

Section 2 (b)states:

> Any person who consciously fails to make the report required by subsection (a) shall be guilty of a misdemeanor and upon conviction thereof may be fined not more than one hundred dollars ($100.00), or imprisoned for a determinant period not to exceed thirty (30) days, or both.

The law clearly states the liability of a physician in such matters in Section 4:

> Any person . . . who makes a report . . . or testifies or otherwise produces evidence against a defendant shall have immunity from any civil or criminal liability that might otherwise be incurred or imposed as a result of such report or participation in the judicial proceeding . . .

Summary

Physicians should develop an awareness of the battered child syndrome. This is particularly true when the clinical and x-ray findings are different from what one might expect from the "history." We have presented a case recently seen at St. Vincent Hospital. The incidence of this condition in Marion County, its clinical manifestations, radiologic features, differential diagnosis and the law of the state of Indiana in regard to the abused child has been presented.

Knowing the facts about this problem may help physicians save the lives of many innocent children.

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Reminder

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A method of learning is described which helps organize the growing mass of medical knowledge for the individual physician. It emphasizes a systematic approach to problem solving as the primary focus for continuing medical education. The need to solve a clinical problem motivates physicians. What they learn forms a more lasting engram because of its urgency and relevance. The method described is efficient and consists of progressively more detailed and comprehensive measures.

Problem-Solving Learning— A Simple Scheme for Self-Education

JOHN HUTH GREIST, M.D.

Madison, Wis.

MEDICAL students, interns and residents often express concern bordering on despair about their ability to learn the many things necessary for competent medical practice. Once established in practice, most physicians express a similar concern about keeping abreast of current theoretical and practical developments. Osler said it well:

> If the license to practice means the completion of his education, how sad it would be for the practitioner, how distressing for his patients! More clearly than any other, the physician should illustrate the truth of Plato's saying that education is a lifelong process. The training of medical school gives a man his direction, points him the way and furnishes a chart, fairly incomplete, for the voyage, but nothing more.[1]

Many feel, however, that medical education gives inadequate direction and charting technics to handle the flood of medical knowledge. Aside from a subjective feeling of being overcome, there is much objective evidence that medical literature is proliferating at an exponential rate, doubling in quantity every 10 to 15 years.[2] Some consider the proliferation malignant, a kind of journalistic blastoma with doubling not of new information but only the number of pages. Still, one must separate grain from chaff.

Two things appear helpful for relative peace of mind. First, one must accept that the physician is obliged to become a continual student in order to remain a competent clinician. Second, we need methods for study and organization of the great mass of materials that can provide the physician with an expanding body of personal knowledge and a background for evaluating both the contemporary and novel.

One successful approach is to study specific information about problems as they arise, rather than attempting to maintain a mind stuffed to overflowing with information which may or may not be useful later on. The emphasis here is not on what one knows today (for much of it will soon be outdated and much forgotten) but on a method for learning at any time what is most helpful in solving a specific problem, whether common or unusual.

Alan Gregg caught the feeling of this approach when he reported fellow physician Soma Weiss' experience as a first year medical student at the University of Budapest.

> (I) counted (myself) very fortunate to have the great Professor Eotvos as (my) professor in physics. He did not appear on time at his first lecture. This seemed to increase our interest in what he would prove to be like. Suddenly the side door to the platform swung open and a huge white-bearded man strode in carrying two large books. He must have been six feet two or three, and in every way he met or surpassed my expectations. He slammed the two books on the lectern and then looked out over some three hundred of us students, and in a deep booming voice he cried, "I know nothing!" We students were dumbfounded at such a fantastic statement. With some reason we could have said that—but not Professor Eotvos. He repeated it—"I know nothing"—and then dramatically pointing to the books he shouted with a peculiar precision and emphasis, "But gentlemen, I have learned how to find out anything I want to know!"[3]

As though sharing Soma Weiss' anxiety as to "how much I would have to know in order to practice medicine," most of us have faced, with due resolve, the medical student's self imposed ordeal of digesting all of Cecil and Loeb or Harrison and found the mental pablum as soporific as the newborn does his

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bottle. Conversely, each of us can recall with satisfaction a particularly lucid section of a textbook or a concise exposition in a journal article which suddenly and almost magically clarified our thinking about a knotty problem we were trying to solve. Information learned in problem solving is easily and long remembered and serves as a useful point of reference for more current theories and data.

Effective problem-solving learning occurs most consistently if one develops a method and then practices the method until it becomes a habit, and "once the mental habit is established, you are safe for life,"[4]—safe for a life of self-education which assures continuing professional growth and development.

The first step in this method of problem-solving learning is to identify the problem, decide whether solution is necessary, and if it is, define the problem in a way that it may be solved. Second, search carefully the depths of memory for some fragment associated with previous solutions of the same or similar problems. Even if the solution is not within conscious recall, the unconscious may work along and provide unexpected help. Third, ask someone who may know the answer, whether peer, superior or subordinate. Even if specific answers aren't immediately forthcoming, helpful references often are and it's not uncommon for the person you've asked to contact you a bit later with some definite information. Although these steps may seem self-evident and trivial, they are often forgotten. If these three steps fail to solve the problem at hand, the fourth step is to consult a general textbook, which usually gives an introduction to the problem and may also list helpful bibliographical references. If information in general textbooks isn't adequate, look for a monograph on the subject—these often provide detailed information and considered discussions of still controversial materials. If solution of the problem still eludes you, journals are the next step.

Journals provide more current surveys of general subjects than textbooks and original contributions as well. Reading a weekly general medical journal such as the *New England Journal of Medicine,* the *Journal of the American Medical Association* or the *Lancet* from cover to cover, along with one or two monthly specialty journals and new textbooks as they appear, could keep one up-to-date if sufficient time were available and if memory could retain what was read. This approach would leave to journal and textbook editors the difficult task of sorting out what is important, but at any rate that task is clearly beyond the individual reader's capacity. Twenty years ago, Sir Edward Appleton pictured:

> What he calls a "constant reader"—a man who sets himself to read (not to understand, but merely to read) all the journals of fundamental science. After working whole time for a year, such a man would be 10 years further behind than when he started; and if his reading included the technical literature, he would be about 100 years further behind.

Since the amount of scientific literature doubles every 10 to 15 years, a comprehensive reading is even less imaginable today than 20 years ago. Trusting to the editor's judgment is obviously a necessity and, as time passes, a virtue as well, for the good general medical journals select and eventually present most of what is relevant and important.

Binding journals makes them available for later re-reading, but, in addition to being costly, requires some way of locating a remembered article—a miniaturized Dewey decimal or other indexing system—for our memories soon fail us in the task of ordering the myriad bits of information we've studied. Also, it isn't long before bound journals fill up bookshelves where their most frequent function is providing a dust cover for the shelves. Even less manageable are stacks of unbound journals. The medical library stores complete issues of journals, and in this system comprehensive storage is left to them.

As an efficient and effective alternative and saver of time and space, Dr. Harold Jeghers suggested a specialized, individualized filing system which organizes for continuous relevant learning materials collected from all sources—journals, meetings, previous cases or solitary thought.[5] With headings chosen and modified by the individual physician, a personalized filing system results. Rather than perusing all articles in a journal, the reader scans only abstracts and summaries, decides whether each article is within his field of interest and tears from the journal articles to be retained. The article is stapled together and filed in the appropriate folder. *JAMA* has a weekly section containing abstracts of articles from many other journals, so one may write for reprints of interesting articles and place them in the correct file. Also collected in the folders are personal notes recorded from previous cases, lectures or seminars, and information from any other sources. When a problem arises and simpler and more direct methods don't provide adequate solutions, the physician pulls the appropriate folder or folders and carefully reads materials germane to the problem. Interest level for this reading is high and retention is enhanced by the problem's resolution which draws into sharp perspective pertinent elements of the material read.

Problems still unresolved require a more specialized literature search. The medical librarian can be particularly helpful in obtaining rare and obscure articles through interlibrary loan. MEDLARS, a computerized search and retrieval of 2,300 biomedical periodicals, is available through medical libraries and provides an extensive bibliography under a variety of headings. The *Index Medicus* is also available in medical libraries, though a thorough search usually requires a large expenditure of time. *Current Abstracts* is another source of many recent journal listings. Ultimately, if

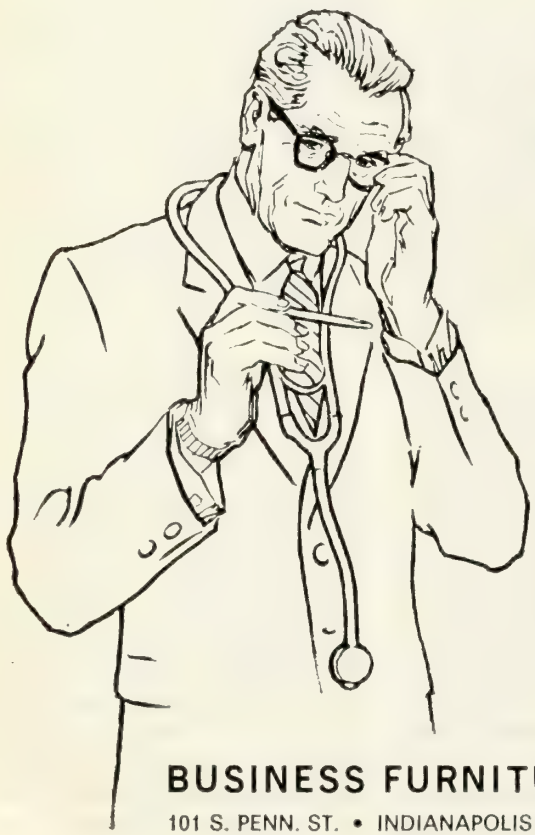
no solutions for the problem result from all these efforts, an experiment may be designed and conducted in the laboratory or at the bedside.

The depth and extent of the search for solutions to problems will depend on many factors and one could stop either as solutions are uncovered, the problem spontaneously resolves, or it is redefined. Often solution of one problem raises others. Utilizing this problem-solving approach and the resources of colleagues, hospital and personal libraries, personal files and sometimes experiments, they, too, may be solved and the individual's knowledge increased.

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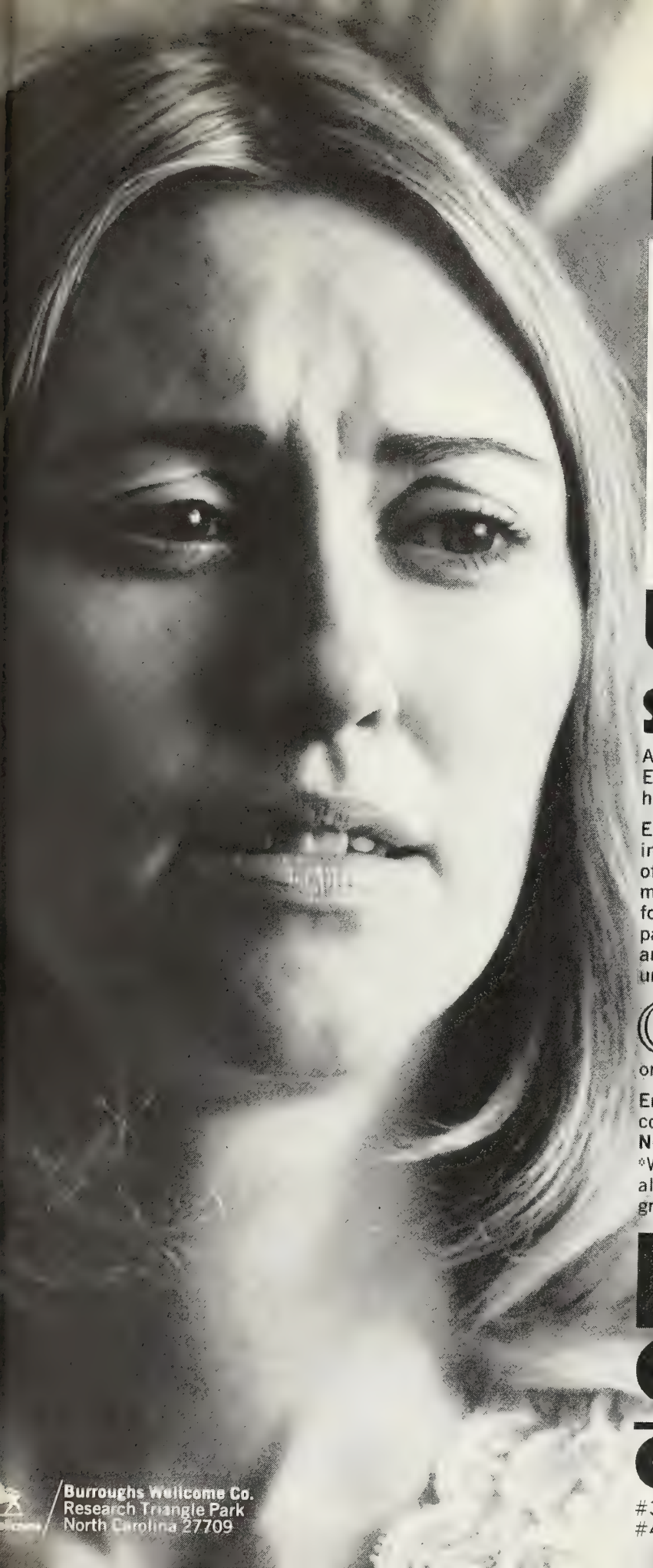
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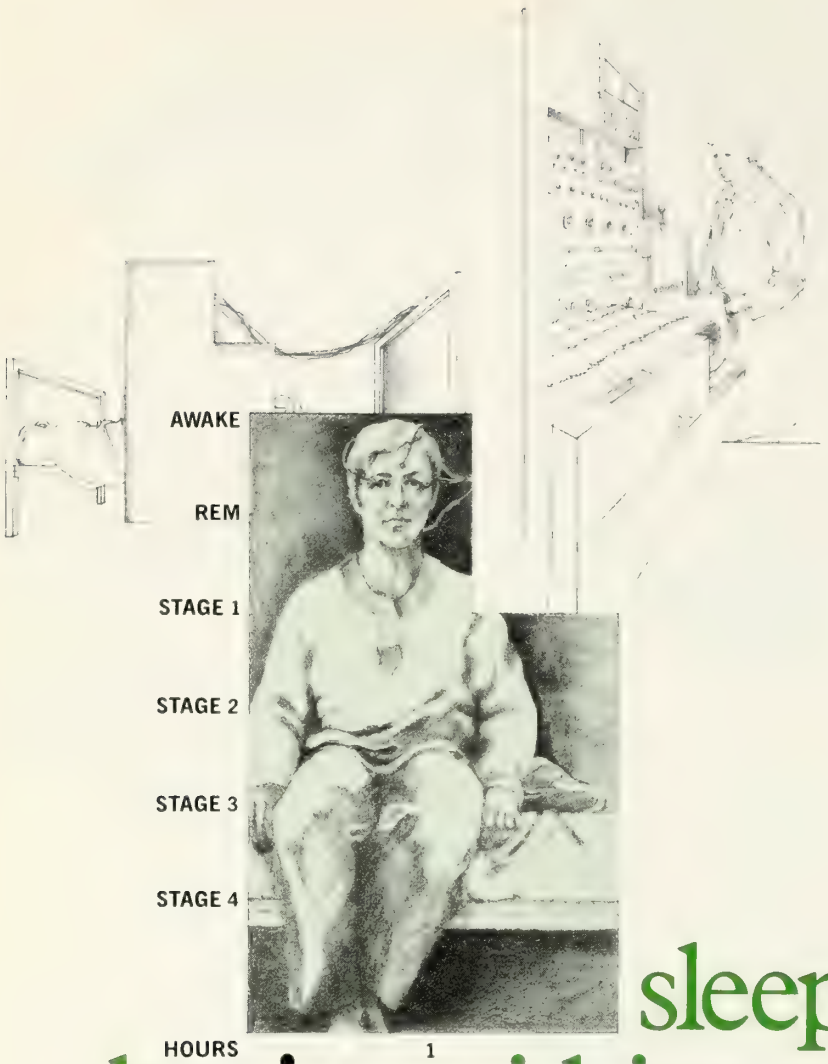
(CIII **prescribing convenience:** up to 5 refills in 6 months, at your discretion (unless restricted by state law); by telephone order in many states.

Empirin Compound with Codeine **No. 3,** codeine phosphate* 32.4 mg. (gr. ½); **No. 4,** codeine phosphate* 64.8 mg. (gr. 1). *Warning—may be habit-forming. Each tablet also contains: aspirin gr. 3½, phenacetin gr. 2½, caffeine gr. ½.

Empirin® Compound c̄ Codeine

#3, codeine phosphate* (32.4 mg.) gr. ½
#4, codeine phosphate* (64.8 mg.) gr. 1

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709



sleep begins within 17 minutes, on average ...

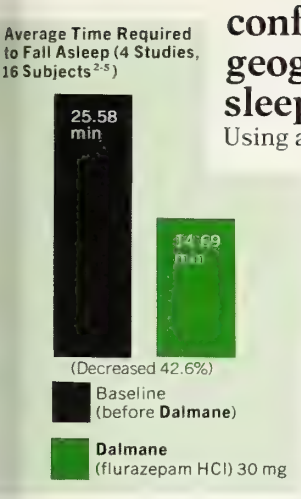
an initial benefit of

Dalmane®

(flurazepam HCl)

proved by a 22-night clinical study of insomnia patients in the sleep research laboratory and at home[1]

Three insomnia patients selected for difficulty falling asleep were administered Dalmane (flurazepam HCl) 30 mg for 14 consecutive nights. Placebo was given for four nights prior to and four nights after Dalmane. Physiologic tracings on Dalmane nights 1-3 showed sleep induction time averaged 13.90 minutes; on Dalmane nights 12-14, 18.80 minutes. Combined average for the 6 monitored drug nights was 16.35 minutes.[1]



confirmed by clinical studies in four geographically separated sleep research laboratories[2-5]

Using a 14-night protocol involving eight insomniac and eight normal subjects, four studies confirmed the sleep-inducing effectiveness of Dalmane (flurazepam HCl) and the reproducibility of this response. On average, one 30-mg capsule induced sleep within 17 minutes. In all these studies, Dalmane induced sleep rapidly, reduced nighttime awakenings, and provided 7 to 8 hours of sleep without repeating dosage.[2-5]

Dalmane (flurazepam HCl) induces and maintains sleep, with relative safety

Dalmane is generally well tolerated; morning "hang-over" has been relatively infrequent. While dizziness, drowsiness, lightheadedness and the like have been noted most often, particularly in the elderly and debilitated, physicians should be aware of the possibility of more serious reactions, as noted below.

Before prescribing Dalmane (flurazepam HCl), please consult Complete Product Information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening; in patients with recurring insomnia or poor sleeping habits; and in acute or chronic medical situations requiring restful sleep. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended.

Contraindications: Known hypersensitivity to flurazepam HCl.

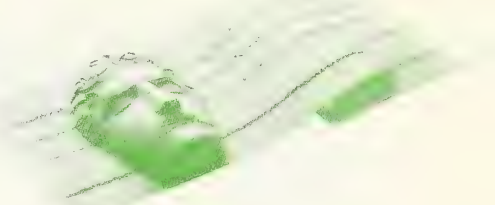
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. Caution against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Use in women who are or may become pregnant only when potential benefits have been weighed against possible hazards. Not recommended for use in persons under 15 years of age. Though physical and psychological dependence have not been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated, initial dosage should be limited to 15 mg to preclude oversedation, dizziness and/or ataxia. If combined with other drugs having hypnotic or CNS-depressant effects, consider potential additive effects. Employ usual precautions in patients who are severely depressed, or with latent depression or suicidal tendencies. Periodic blood counts and liver and kidney function tests are advised during repeated therapy. Observe usual precautions in presence of impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly and debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported were headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins and alkaline phosphatase. Paradoxical reactions, e.g., excitement, stimulation and hyperactivity, have also been reported in rare instances.

Dosage: Individualize for maximum beneficial effect. *Adults:* 30 mg usual dosage; 15 mg may suffice in some patients. *Elderly or debilitated patients:* 15 mg initially until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.



when restful sleep is indicated

Dalmane®
(flurazepam HCl)

One 30-mg capsule *h.s.* — usual adult dosage (15 mg may suffice in some patients).
One 15-mg capsule *h.s.* — initial dosage for elderly or debilitated patients.

- **induces sleep within 17 minutes, on average**
- **reduces nighttime awakenings**
- **sustains sleep 7 to 8 hours, on average, without repeating dosage**

REFERENCES: 1. Kales A, *et al*: *Arch Gen Psychiatry* 23:226-232, Sep 1970
2. Karacan I, Williams RL, Smith JR: The sleep laboratory in the investigation of sleep and sleep disturbances. Scientific exhibit at the 124th annual meeting of the American Psychiatric Association, Washington DC, May 3-7, 1971
3. Frost JD Jr: Data on file, Medical Department, Hoffmann-La Roche Inc, Nutley NJ
4. Vogel GW: Data on file, Medical Department, Hoffmann-La Roche Inc, Nutley NJ
5. Dement WC: Data on file, Medical Department, Hoffmann-La Roche Inc, Nutley NJ

ROCHE

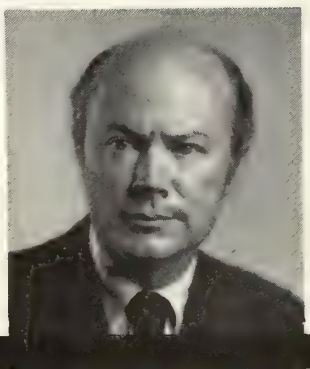
ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Opinion & Dialogue

Is there a need for a drug compendium?

Government Health Official

Henry E. Simmons, M.D.
Deputy Assistant Secretary for Health
Department of Health, Education and Welfare



A drug compend
of the type I envisi
would fill a definite
need for the pra
ing physician. Su
compendium w
give him all
information n
essary for u
a drug intelligently, and it woul
do so in a clear, concise, con-
venient, objective and balance
fashion.

What a Compendium Should Contain

I believe the compendiu
should inform the doctor what
drug will do, when he should u
for what type of patient, for ho
long, in what dose, what benef
his patient is likely to obtain, th
risks involved, and cross-react
with other drugs.

The information would be
based on the package insert ar
have the same legal status. In
a complete compendium with
plete and current information
might even eliminate the nece

Maker of Medicine

Joseph F. Sadusk, Jr., M.D.
Warner-Lambert Company



A drug compendium, or
preferably compendia, should
believe, be private, not federal
sponsorship. They should cont
comprehensive listings of drug
available for prescribing. They
should be single, legibly printe
volumes of reasonable size, up
dated quarterly or semiannual
and completely revised every y

Function of a Compendium

A compendium should fu
nish the following information
drugs in the following order: in
tions for use, side effects, adv
drug reactions, contraindicati
drug interactions, drug dosage
the dosage forms marketed. D
prices should not be included
cause they vary so widely and
change rapidly.

No compendium should
forth drugs of choice or discus
relative efficacy. Such questio
must be left for the practicing
sician to decide, whether on th
basis of the medical literature
own clinical experience, advic
colleagues, information suppl
by manufacturers, and so on.

Nor should a compendiu
undertake to educate the doct
how to use drugs. Rather, it m
be a reference source designe
marily to refresh his memory
drugs he may not use regularl

· a package insert in many in-
ances. This would constitute a
bstantial saving for the manu-
cturer.

By a complete compendium,
o not mean a volume of prohibi-
e size. You don't need a book
scribing 25,000 products with
enormous amount of repetition.
ther, drugs should be arranged
class. Mutually applicable infor-
ation would be provided, along
h brief discussions pinpointing
ferences in specific drugs of
t class. Listings would be cross-
lexed in a useful way.

ner Available Documents as urces of Information

Existing references such as R and the AMA Drug Evaluation obviously useful but they are omplete. Either they are not ss-referenced by generic name d do not group drugs with simi- characteristics, or they do not all the available and legally rketed drugs. And some of se omitted may be very useful.

On the other hand, drugs made by more than one supplier, tetracycline for example, may be fully described a dozen times in the same book.

While perhaps PDR could be rearranged and cross-indexed with generics included, and while the AMA Drug Evaluation might also be modified and expanded, I am not sure that the end result would have all the attributes required for a useful compendium. At the same time, you would run the risk of amassing a voluminous and unwieldy tome.

Should Editorial Comments Accompany the Listings?

Subjective judgments, in my opinion, have no place in a compendium. However, if there is substantial evidence based on a sound body of science concerning relative efficacy of several drugs, certainly that information should be included. The committee of experts compiling and editing a particular section would also have to assess and indicate instances where a meaningful difference between drugs is pertinent.

Sponsorship, Compilation and Editing

Producing a book like this would undoubtedly be difficult and demanding. It would obviously take a great deal of talent and expertise, and would require a varied and experienced group, ranging from writers and editors to highly skilled clinicians and pharmacologists. Style, format and clarity of language would play an important part in determining the usefulness of the book. And it should be updated periodically and completely revised annually.

I have no opinion whether the government or the private sector should sponsor and/or finance the compendium. What is most important is that the compendium be an authoritative, objective and useful source of information for the doctor to have at hand as a ready reference.

uld in no way imply control over practitioner's prerogatives.

y Another Compendium?

A practicable, single-volume mpendium cannot, nor is it cessary to, include all drugs on market today. From my prac- e of internal medicine for some years, my experience as a con- tant, and as a faculty member our or five medical schools, I uld estimate that a doctor uses y 30 to 35 drugs regularly. The 72 Physicians' Desk Reference, identally, contained about 00 entries.

As to whether there should be ederal compendium, in my opin- , as stated earlier, the answer is y—there should *not* be one. The posal assumes that existing mpendia are inadequate. We're sure of that at all. Whatever its perfections, the present drug rmation system in the U.S. is en, multifaceted, pluralistic and ensive. Good compendia exist, well as other ample sources on g therapy, ranging from journal rature through AMA Drug Evalu- n to company materials. Not physicians may use such rces as often or as well as they uld, but that is the fault of the n, not of the sources.

In any event, rather than produce another book, it makes much more sense to work on improving existing compendia, and perhaps they could, as knowledge advances, include more accumulated clinical data and experience, and more information on drug interactions and adverse reactions.

Implications of a Federal Compendium

Take a hard look at the implications of a federal compendium. It would have the force of law, virtually dictating what drugs to use and how to use them. In effect, it would be a regulatory document with legal or quasi-legal status, posing medical/legal problems similar to those the doctor may now encounter if and when he departs from the provisions of the package insert. A compendium under federal aegis would tend to restrict decisions on drug therapy to one orthodox level—a most dangerous trend for medicine.

New Compendium—A Medical Option

I detect no ground swell of initiative or support whatsoever for a federal compendium—or, for that matter, for a new compendium of any type. A 1969 PMA survey conducted by Opinion Research Corporation found that only 15 per cent of those physicians interviewed felt a new compendium was needed. And a large majority did not favor the involvement of the federal government if one were to be created, preferring instead a nongovernmental consortium.

Even if we come to a time when the medical profession itself opts for a new kind of compendium, it should be handled and financed, ideally, outside both government and industry. Final review and editorial authority could be delegated, say, to specialty bodies and medical societies—but above all, *not* the government.

Surely the health care system in the United States has far more vital matters to consider than the extensive cost and effort that would have to go into the preparation and maintenance of a new, monolithic compendium, and especially one bearing the imprimatur of the federal government.

Opinion & Dialogue

What is your opinion, doctor? We would welcome your comments.

The Pharmaceutical
Manufacturers Association
1155 Fifteenth Street, N.W.
Washington, D.C. 20005



Letters . .

April 15, 1974

Mr. James A. Waggener
Executive Secretary
Indiana State Medical Association
3935 North Meridian Street
Indianapolis, Indiana 46208

Dear Mr. Waggener:

Please refer to your letter of June 18, 1973, wherein you indicated that the Commission on Public Health, in session June 10, 1973, recommended that Regulation HT-6R be amended.

On November 14, 1973, the Indiana State Board of Health approved the following:

A REGULATION to repeal HT-6R, promulgated March 14, 1972, concerning Tuberculin Skin Test for School Entrance, pursuant to provisions of IC 1971, 20-8.1 - 7 - 12; Chapter 7, Section 12 of Public Law 218, Indiana General Assembly.

Section 1. Regulation HT6R, promulgated March 14, 1972, is hereby repealed.

In the promulgation process to repeal the reference regulation, a public hearing was held on January 29, 1974. Regulation to repeal REGULATION HT6R was signed by the Governor and filed with the Secretary of State on April 10, 1974.

A copy of the repealed regulation is reproduced below.

Sincerely,
William T. Paynter, M.D.
State Health Commissioner
Indiana State Board of Health
1330 West Michigan Street
Indianapolis, IN 46206

HT6R—Tuberculin Skin Test for School Entrance

The Mantoux Intermediate PPD(t) tuberculin skin test is to be used. The patch or multiple puncture tests are deemed to be unacceptable for meeting the provisions of this regulation. The test must have been given within one year prior to school enrollment. If a child is previously known to be a positive reactor to the Mantoux 5TU Intermediate PPD(t) test, further skin testing is not indicated. Under such circumstances, attending physician will so inform the school authorities and the child's name shall be included in the report to the State Board of Health on forms provided therefor.

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of the INDIANA STATE MEDICAL ASSOCIATION
Devoted to the interests of the medical profession of Indiana

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3935 N. Meridian, Indianapolis, Indiana 46208

A Letter to the Editor

Dear Doctor:

During the past year or so, much misinformation and distortion has been circulated with respect to the PSRO statute which I sponsored. Inaccuracies, half-truths, and one-sided presentations have been widely circulated concerning PSRO.

What we have seen is a plethora of gloomy prognoses concerning PSRO, coupled with little or no diagnosis.

To facilitate understanding of the program and to address specifically the principal negative allegations with respect to PSRO, I am enclosing a copy of an extensive statement I made before the Senate on April 2, 1974. The allegations to which responses are made include those related to:

1. "PSRO was hastily enacted." (p. 2)
2. "The law requires development and application of norms of care which would lead to 'cookbook medicine.'" (pp. 2-3)
3. "The PSRO program would violate confidentiality of patient records." (pp. 3-4)
4. "The costs of Professional Standards Review will outweigh any savings." (p. 4)
5. "Under the law, fines may be imposed upon physicians, and these fines will have a stultifying effect on medical practice." (p. 5)

In addition, on pages 4 and 5, you will find a listing of all the principal general and specific review provisions of the Social Security Act authorizing review activities. I want to emphasize that these are non-PSRO provisions of the law, and I believe you will agree that these non-PSRO authorities constitute virtually a blank check for review far broader than PSRO and without the constraints and safeguards contained in my amendment.

I trust that this information contributes to better understanding of PSRO, as well as placing the PSRO statute in proper perspective. If you find it helpful, my office would be glad to supply reasonable quantities of additional copies of the enclosed report.

Sincerely,
WALLACE F. BENNETT
Senator, Utah

Comment

In regard to No. 2 above, Senator Bennett's April 2nd statement before the Senate includes this: "The statute does not speak to a single norm or way of treatment as the definitive and only type for which payment will be made. Rather, it refers to the "range of norms acceptable to the PSRO for a given diagnosis." This is a clear case of "if the law doesn't get you the regulations will." The regulations read that "the only norms of diagnosis, care and treatment that will be permitted are those approved by the National Professional Standards Review Council."

As to confidentiality, the law, in part, states that

> Any data or information acquired by any PSRO—shall be held in confidence and shall not be disclosed to any persons except (1) to the extent that may be necessary to carry out the purposes of this part.

Senator Bennett's point No. 4 cannot be settled now and will not be unless the law goes into full effect. It is worldwide common knowledge that socialized medicine always results in an increase in cost and a decrease in quality. This inherent cost increase cannat be contained—other nations have tried but failed—the only effect of cost control measures is to lower quality and further increase the cost.

The Senator's answer to No. 5 is that the PSRO statute does not authorize fines. These are authorized under another section of the Social Security Act which specifies sanctions in the cases of physicians who flagrantly order or render services which are either unnecessary or of improper quality. The HEW Secretary has the authority to suspend a physician from the programs or, if a less severe penalty is thought sufficient, the government could demand repayment by the physician for the excessive services, up to the amount of $5,000. This is not called a fine, it is simply an administrative remedy which calls on the physician to pay the entire

hospital bill, for example, of a patient whom he admitted to the hospital, some two years previously, and for whom a bureaucrat has denied the necessity.

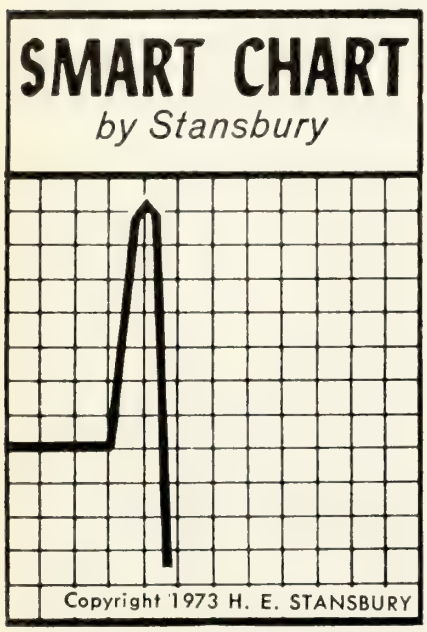
No fault is to be found with Senator Bennett's intentions or honesty; his April 2 statement to the Senate amply demonstrates both these virtues. He, honestly, does not understand why most physicians are upset by PSRO.

He does, however, acknowledge that there is an alternative. In his statement he says:

> The voluntary nature of PSRO establishment and participation by practitioners in an area should also be stressed. Where they choose not to do so, the community of physicians in an area are not required in any way to undertake a PSRO operation. PSRO is an opportunity for professional self-control which may be declined.

Editorial Notes . . .

The decline in the infant mortality rate in the U.S. continued in 1973. The National Center for Health Statistics reported last year's infant mortality rate to be 17.6 per 1,000 live births, the lowest in history. The rate was 18.2 in 1972, 19.2 in 1971 and 19.8 in 1970.



"Clifford, please quit saying that our Washington problems have become monumental."

The U.S. Commissioner of Education has recognized AMA's Council on Medical Education to work with 28 national professional organizations in accrediting educational programs for 17 allied medical occupations. The action renews the recognition of accreditation activities for seven programs and extends the scope of recognition to include ten additional occupations.

$94.1 billion was spent on health care in the U.S. in fiscal 1973, up 11% from fiscal 1972. It was the lowest rate advance in several years. The Gross National Product rose 10.9% in fiscal 73, and health spending remained 7.7% of the GNP, with each person spending an average of $441 an health. Direct payments averaged $132, private health insurance paid 26% of personal health bills and government paid 38%. Spending rose 10.7% for hospital care and 8.5% for physicians' services.

Five state universities have applied to the Veterans Administration for grants to be granted by the federal government for the formation of new medical schools. To be eligible for VA grants, the new state schools must give assurance of professional accreditation of their educational programs, of continuing support from the state, and of VA hospital affiliation. The applicants are Wright State University of Dayton, Ohio; East Tennessee State University in Johnson City, Tenn.; A&M (in cooperation with Baylor) at Temple, Texas; Marshall University at Huntington, W.Va., and the University of South Carolina at Columbia.

Parke-Davis reports a new tranquilizer which in animal tests shows a strong antianxiety effect with only weak sedative effect. It also shows considerable ability to protect against drug-induced convulsions. No adverse effects were seen in animals at doses of pyrazapon several times greater than those necessary to produce antianxiety effects. It is now in clinical investigation.

Research at Purdue is working on the problem of removing sulfur dioxide from smokestack gases. An efficient and economical method would make possible the use in the future of Indiana coal, which usually contains from 1 to 7% (average 4%) of sulfur. Present environmental laws make it unlawful to burn coal with more than 0.7% sulfur, effective in 1975. About one-tenth of the nation's known mineable coal is in Indiana. Solving the sulfur problem is important.

Russell B Roth, in the 1974 Bierring Lecture, before the Federation of State Medical Boards, recommends decentralization of medical education. In fact, his remarks are remindful of the Indiana Plan. He notes that a young physician can obtain more relevant training in a residency in a community hospital than in a huge medical center.

Traffic fatalities in Indiana are much better in 1974. Up to March 17 in each year, 1972 had 266 fatalities, 1973, 315 and 1974, 199. Urban fatalities have not varied that much; most of the improvement is due to a drastic curtailment of rural deaths. Lower speed must be responsible.

A paraplegic, Don Perryman, writing in the magazine "Accent on Living" tells how he modified a standard mobile home to make the interior compatible with wheelchair living. The model was run through the production line to meet his specifications at an additional cost of only $125. ◄

1974 Was A Very Good Year

MICHAEL H. McDERMOTT
Indianapolis

Nineteen seventy-four was a good year for medical legislation in the Indiana General Assembly. Several major pieces of legislation were enacted into law this year which will have a profound effect on the health care of the citizens of Indiana.

As legislative sessions go, 1974 was a very light year. Of the 697 bills which were introduced in the 2nd regular session of the General Assembly, only 159 were enacted into law. However, of these 697 bills more than 100 had a direct bearing on physicians and health care. Twenty-six of these 100 bills were enacted into law.

It is safe to say that none of the 26 bills on health subjects which were finally enacted into law were opposed by the Indiana State Medical Association. A debt of gratitude is owed to the many physicians who unselfishly gave of their time and energy to help support the passage of good legislation and defeat the legislation which was opposed by the Association. The individual names are too numerous to list but for all of you who testified before committees, contacted legislators either in person or in writing or in any way gave of your time and energies to assist in the legislative effort during this past year we would like to publicly thank you.

Three pieces of legislation deserve special attention: S.B. 55, the Family Practice Residency Bill; S.B. 151, the Emergency Medical Services Bill; and H.B. 1163, the Medical Distribution Loan Fund Bill. In addition, a review of the 1974 session would not be complete without special mention of H.B. 1291, the For-Profit Hospital Bill.

Mr. McDermott is legislative assistant for the Indiana State Medical Association.

S.B. 55 — Family Practice Residencies [IC 1971, 20-12-30, P.L. 100] This bill, sponsored by Senators Charles Bosma and Adam Benjamin and Representatives Bob Bales and Ed Goble, and masterfully lobbied by the Indiana Academy of Family Physicians, represents one of the greatest achievements for medicine in Indiana in recent legislative history. The bill appropriates one million dollars ($1,000,000) from the State General Fund to be used to develop residency programs in family practice throughout the state. The program and the funding will be administered by the Medical Education Board. The law increases the Medical Education Board from five to seven members and charges them with the responsibility of providing the state with many additional residency programs in the specialty of family practice.

S.B. 151 — Emergency Medical Services [IC 1971, 16-1-39, P.L. 55] The story of the passage of Senate Bill 151 would take volumes to relate. Suffice it to say that through the dedicated efforts of hundreds of people the dream of an Emergency Medical Services Commission in Indiana is now a reality. Ably sponsored by Representatives Ralph Heine and Dennis Heeke and Senators Keith McCormick and Robert Mahowald, Senate Bill 151 establishes an Indiana Emergency Medical Services Commission to administer a total system of emergency medical services for the state of Indiana. The bill was initially funded with seventy-five thousand dollars ($75,000) for staffing purposes for the first year of the commission's operation. The bill charges the commission with the responsibility of reporting back to the Legislature in 1975 the standards that it proposes to set for the state. All in all, as stated by Governor Bowen on numerous occasions, this piece of legislation is probably one of the most significant accomplishments of the 1974 Legislature.

H.B. 1163 — Medical Distribution Loan Fund [IC 1971, 25-22-13 P.L. 118] Under the sponsorship of rural legislators, Representatives Ralph Heine and Dennis Heeke and Senators James Gardner and Joseph Bruggenschmidt, another important piece of legislation was enacted to improve the health care delivery for needy areas of the state. This bill establishes an 11-member Board of Trustees composed primarily of laymen from throughout the state to administer the newly created Medical Distribution Loan Fund. The $100,000 annual fund will be used to provide loans of up to $3,000 per year for medical students who will agree to repay the loan by practicing one year per three thousand dollars in an area of the state determined by the board to be in need of physicians. The initial funding will be for five years, after which the program will be reviewed and, hopefully, refunded.

H.B. 1291 — For-Profit Hospitals [IC 1971, 27-4-1-4, P.L. 124] Aside from the merits of the bill itself, this bill is important because it demonstrates that one man who had the courage of his convictions and the determination to fight against tremendous odds for what he believed in was able, almost single-handedly, to get this bill enacted into law. Dr. Cleon M. Schauweck-

er, Greencastle, was that man. He had active support from the sponsors of the bill, Representatives Robert H. Bales and John Thomas and Senators Joseph Harrison and James Plaskett. Simply stated, the provisions of the law make it illegal for any insurance company to refuse to make payments under a policy or contract of insurance because the medical facility utilized by the insured is a for-profit hospital or medical facility licensed by the State Board of Health of Indiana.

H.B.s 1075 & 1076 were finally passed after years and years of attempts. These two bills amend the Workmen's Compensation and Workmen's Occupational Diseases Acts but do *not* change the definition of physician. H.B. 1150 amended the Nurse Practice Act particularly with regard to the definition of "registered nurse." H.B. 1202 allows reimbursement for the services of dentists and podiatrists through accident and health insurance policies.

Space does not permit the reporting of additional bills, but a complete summary may be obtained by contacting the Indiana State Medical Association Headquarters Office.

Policy Changes Urged by PMA

NEW policies governing the marketing, manufacturing, service practices, scientific standards and promotion of prescription drugs were submitted recently by the Pharmaceutical Manufacturers Association (PMA) to its 110-firm membership with a recommendation for voluntary adoption and for support of legislation which would make them binding.

The PMA simultaneously submitted the policy proposals to the Senate Health Subcommittee (Committee on Labor and Public Welfare) chaired by Sen. Edward M. Kennedy (D-Mass.) with the recommendation that those amenable to government regulation be incorporated into legislation currently being drafted by the subcommittee.

The proposals, adopted without dissent by the 30-member PMA Board of Directors at a recent meeting in Boca Raton, Fla., suggest legislative action which would require a manufacturer to be certified through detailed Good Manufacturing Practice Standards before entering business and annually thereafter; expiration dating for all products; manufacturer-marking of dosage forms, and the certification of company records including those pertaining to product recalls and adverse reaction reports.

The proposals also call for changes in Food and Drug Administration (FDA) regulations to require proof of chemical, biological or therapeutic equivalence of products subject to new drug applications and for products entering the market subsequent to the original.

In the marketing area, companies were encouraged to adopt as policy, immediately and regardless of legislative action, prohibitions against the distribution of unsolicited samples; the giving of premiums or prizes to physicians, dentists, students, pharmacists and other health professionals, and the reviewing of prescription forms in pharmacy or hospital files by company representatives.

The policy statement also announced plans by PMA to develop a new non-governmental accreditation program for company representative training plans and a pledge of ethical standards for individual company representatives or detail men.

— News Release, PMA, April 15, 1974.

Seminars from Riley Hospital

When the first of this new clinical series appeared in our April issue, it was stated that articles would appear bimonthly. Due to the inclusion of the Yearbook and Roster in this issue, it was not possible to include the second article, "Urinary Tract Infections in Newborns, Infants and Children." It will appear in the July issue and future articles will be scheduled on a bimonthly basis.—Ed.

Association News

BOARD OF TRUSTEES

January 19, 1974

The meeting of the Board of Trustees of the Indiana State Medical Association was called to order by Chairman Vincent Santare at 7:15 p.m. Saturday, Jan. 19, in the headquarters building of the Association.

Roll call showed the following:

District	Trustee	
1	Bernard B. Rosenblatt	Present
2	Paul W. Holtzman	Absent
3	Eli Goodman	Present
4	Howard C. Jackson	Present
5	Cleon M. Schauwecker	Present
6	Paul M. Inlow	Present
7	John O. Butler	Present
7	Joseph F. Ferrara	Present
8	Richard G. Ingram	Present
9	William M. Sholty	Absent
10	Vincent J. Santare	Present
11	James A. Harshman	Present
12	John S. Farquhar, Jr.	Present
13	G. Beach Gattman	Present
	Alternate	
1		
2	Betty J. Dukes	Absent
3	Thomas A. Neathamer	Present
4	William F. Blaisdell	Present
5	William G. Bannon	Present
6	Glen Ward Lee	Present
7	Donald C. McCallum	Present
7	John G. Pantzer	Present
8	Jack L. Alexander	Absent
9	Max N. Hoffman	Present
0	Martin J. O'Neill	Absent
1	Lloyd L. Hill	Absent
2	Walter D. Griest	Absent
3	Donald S. Chamberlain	Present

Officers & Executive Committee:

oe Dukes	Present
Gilbert M. Wilhelmus	Present
Iugh K. Thatcher, Jr.	Present
Irvine G. Popplewell	Absent
Frank B. Ramsey	Absent
ames H. Gosman	Present
ohn W. Beeler	Absent
Villiam R. Cast	Absent
Donald M. Kerr	Present
Villiam R. Clark	Present

AMA Delegate:

Lowell H. Steen	Present

Guests:

Gabriel J. Rosenberg	Present
Lee Mortenson	Present
Jack Shields	Present

ISMA Staff:

Robert J. Amick	Present
Kenneth W. Bush	Present
Howard Grindstaff	Present
Michael McDermott	Present
James A. Waggener	Present

Minutes of the Previous Meeting

Dr. Ingram moved that the minutes of the Nov. 10 and 11, 1973, meetings be approved. Dr. Dukes seconded the motion and the motion carried. Dr. Gosman asked that the minutes (page 4, Nov. 11) show his vote as being opposed to the Board's action concerning the Medical Practice Act.

Distribution of Trustee Booklet

Dr. Santare, chairman, distributed the booklet, "Authority, Responsibilities and Duties of the Board of Trustees" and urged each trustee and alternate trustee to study it with the objective of aiding the Board to conduct its business more efficiently in the future.

Report of Dr. Rosenberg, Chairman, Commission on Interprofessional Relations

Dr. David Rosenberg reported on the newly formed Joint Practice Committee of Nurses-Physicians (Commission on Interprofessional Relations) which is patterned after the national commission for the study of nursing and nursing education. One of the key recommendations from the national commission was that state counterpart committees be established by medicine and nursing to make recommended changes in basic health acts so as to increase the quality of care.

Needed from the Association, he said, was the approval of (1) bylaws (patterned after the national organization) and (2) a one-time grant of $1,000 to assist in getting the committee started.

1973 House action recommended approval for the Joint Practice Committee to become a permanent committee, this recommendation referred to the Board of Trustees. At their last meeting, the Board appointed Dr. Jackson to review the situation and Dr. Jackson reported at this meeting he had no objections.

It was moved by Dr. Gosman that "we adopt the constitution as presented before you and we accept the $1,000 responsibility to help this organization." This was seconded by Dr. Farquhar and amended by Dr. Ferrara that this be a one-time grant and that the Joint Practice Committee be established as a permanent committee.

The Chair then read the House action and Dr. Goodman seconded the part that it should be made a permanent committee, requiring a constitutional change. The Chair then restated the motion "that this Board recommend to the House of Delegates and to the Commission on Constitution and Bylaws that a permanent Joint Practice Committee of Nurses-Physicians be established." This was seconded and carried unanimously.

Report of President Dukes

Dr. Dukes reported briefly on the miles he has traveled and on the commission and committee activities. He said he had asked the ISMA office to call those commission and committee members who do not send in their attendance card for the meetings. Attendance, as a consequence, had improved, he reported. He also reported that consideration was being given to the airport complex for the 1974 convention site.

Report of President-Elect Wilhelmus

President-elect Wilhelmus praised the activity of the AMA Delegation in his comments to the Board. The delegation, he said, carried out all the directives of the House of Delegates and the Board. He cited the action of Dr. Jack Shields in introducing Congressman Philip Crane and gaining a speaking opportunity for him before the House of Delegates. The congressman spoke against PSRO and cited 40 other congressmen who were of the same frame of mind. Dr. Wilhelmus read a letter to the Board, signed by these congressmen, supporting repeal.

Dr. Wilhelmus also discussed the selection of the new dean for I.U. School of Medicine and said he felt the Board had an obligation to involve itself by suggesting some specific attributes they would like to see possessed by the new dean. Drs. Dukes and Gosman are on the selection committee.

Report of the Treasurer

Dr. Thatcher reviewed the financial statement as of Dec. 31, 1973, and a supplemental report. Acceptance of both was moved, seconded and carried.

Discussion of House Bill 1370

H.B. 1370 was next discussed. This bill sets up a University of Indianapolis. It was unanimously agreed that the I.U.S.M. should remain with Indiana University. Dr. Wilhelmus moved (1) opposition to having I.U.S.M. incorporated in the University of Indianapolis since this would affect the statewide medical system, and (2) to contact legislators in our home districts to let them know why we are opposed. This was seconded and carried.

Reports of the Trustees

1st DISTRICT, Dr. Rosenblatt—District meeting not been definitely scheduled.

2nd DISTRICT, Dr. Holtzman—District meeting, June 13, at Sullivan.

3rd DISTRICT, Dr. Goodman—Advised

the Board he has had numerous inquiries as to definitive information in regard to the AMA action in Anaheim about PSRO and said he was concerned with the AMA *News* reportage. The Chair stated this was on the agenda for Sunday, Jan. 20, and would be deferred until that time.

4th DISTRICT, Dr. Jackson—The Board voted remission of dues for a member. Dr. Jackson read a letter from the Bartholomew-Brown Medical Society submitting a resolution,

> "Be it resolved that in the interest of gaining acceptance of physician's assistants, that the Bartholomew-Brown County Medical Society go on record as supporting the concept that all physicians desiring assistants, no matter what their specialty or locality of practice, have an equal right to employ such assistants."

This had been unanimously passed by the 36 members of the Society and they wanted it brought to the Board's attention as a matter of record for future support in opposing any legislation relevant to this subject.

5th DISTRICT, Dr. Schauwecker—District meeting at Turkey Run, May 22, Wednesday, with business meeting at 4:00 p.m. and dinner at 7:30 p.m. Golf will be at Rockville with the actual program yet to be determined. Dr. Schauwecker reviewed for the Board the status of H.B. 1291, his involvement with trying to obtain a proprietary hospital for Putnam County, and Blue Cross disapproval. Dr. Schauwecker fielded several questions and it was pointed out that the Board would hear Mr. Herod on Sunday, Jan. 20.

6th DISTRICT, Dr. Inlow—Voted remission of dues for two members. The district meeting is to be held May 1. Dr. Gosman reported that Dr. Tom Shields, Richmond, was seriously ill and moved that a letter from this Board be sent, thanking him for his efforts in the past. Dr. Thatcher amended to have the president of ISMA personally send a letter so as to not establish a precedent of official Board action. This was seconded by Dr. Farquhar and carried.

7th DISTRICT, Drs. Butler and Ferrara—No report.

8TH DISTRICT, Dr. Ingram—No report.

9TH DISTRICT, Dr. Hoffman—District meeting, Frankfort, June 13.

10TH DISTRICT, Dr. Santare—Board voted remission of dues for a member.

11TH DISTRICT, Dr. Harshman—Board voted remission of dues for a member.

12TH DISTRICT, Dr. Farquhar—Dr. Farquhar brought up the fact that physicians were being queried by health insurance carriers as to their medical judgment in utilizing types of injections for patients under Medicare. Specifically referred to was use of B-12. The Board recommended that a letter be sent to the carriers objecting to clerks not only questioning but recommending treatment. Also discussed was the activity of the State Department of Public Welfare requesting physicians to submit plans for certain types of elective surgery to gain permission to operate. Board moved that the language in the letter was totally unacceptable to the ISMA and that the Board's displeasure be conveyed to Blue Shield, the State Department of Public Welfare, and to the Traveler's Insurance Company. Dr. Farquhar said that such questioning was, in his opinion, direct interference in confidentiality of the patient-physician relationship.

13TH DISTRICT, Dr. Gattman—District meeting at Elcona Country Club, Elkhart, Sept. 11. Board voted remission of dues for two members.

Dr. Chamberlain announced there would be a meeting of the St. Joseph County Medical Society on Jan. 24 at 6:30 p.m., Morris Inn. The American Health Systems would explain how to set up a PSRO. Reservations are to be made through their executive secretary.

Board Committee for the Study and Implementation of Governmental Medical Programs

Nonparticipation policy on PSROs and the establishment of an independent corporation as directed by the ISMA House of Delegates reviewed by the Board Committee for the Study and Implementation of Governmental Medical Programs. The Committee, chaired by Dr. James Gosman, recommended that (1) the Board proceed with the House of Delegates' decision (2) advise the Department of HEW that the regions set forth are totally unacceptable and (3) a "blue ribbon" committee be organized to establish a system to do peer review. In later discussions of instituting a statewide peer review system, the Board moved that the president appoint the necessary committee to accomplish this and report to the Board their plans for consideration.

Special Committee to Work with Commission on Convention Arrangements

Dr. Ferrara, chairman, reported that he, Drs. Gattman and Ingram had compiled suggestions to increase attendance at the ISMA convention. He read these to the Board and said they were submitted to the ISMA Commission on Convention Arrangements.

Matters Referred from Executive Committee

TEL-MED. Dr. Kerr reported that ISMA had received a grant from Regional Medical Programs to extend Tel-Med for a six-month period to the rest of the state. The Executive Committee also advised the Board that it had authorized the payment of $27 per month for the 10-month period in which the tapes had been utilized.

GRANT FROM HEW. Dr. Kerr further reported that Dr. Gosman had received a letter from the Department of Health, Education, and Welfare, Region 5, advising that $500,000 will be available to improve the distribution, supply, quality, utilization and efficiency of health personnel and the health services delivery system. HEW letter asked ISMA guidance in helping to select priority areas in which contracts could be negotiated. In view of data available to ISMA in these areas, the Board moved to contact HEW, and the Board Committee for Study and Implementation of Government Medical Programs was directed to investigate it.

EMPLOYMENT OF CME DIRECTOR

Dr. Kerr asked Mr. Waggener to report on the employment of a Continuing Medical Education Director to administrate the ISMA-CME program. Mr. Waggener reported that he had contacted a man, retired from Eli Lilly and Company, highly recommended by Dr. Kohlstaedt, for the position at a salary of $200 a month. Dr. Butler moved that the ISMA accept the offer of Mr. Raffensperger as an employee at $200 a month. Motion was seconded and passed with Dr. Farquhar requesting that a notation be made of his abstention from voting.

DISCUSSION ON SELECTION OF DEAN

Dr. Wilhelmus then again asked the Board to review the qualifications for the job of dean at I.U.S.M., stating first of all that he thought the person should belong to organized medicine. Further suggestions and recommendations were made.

SPRING MEETING OF BOARD

Dr. Kerr submitted for the Board's consideration the suggestion of holding

in the Spring a Board meeting at the Inn of the Four Winds in southern Indiana, beginning on Friday night and adjourning on Sunday, wives invited. This was moved by Dr. Gattman. Discussion ensued as to the expense involved and it was then moved by Dr. Dukes to table until Sunday, Jan. 20, for further consideration. This was seconded by Dr. Thatcher and carried.

The meeting adjourned at 11:25 p.m.

BOARD OF TRUSTEES

January 20, 1974

The meeting of the Board of Trustees of the Indiana State Medical Association was called to order by Chairman Vincent Santare at 9:15 a.m. Sunday, Jan. 20, in the headquarters building of the Association.

Roll call showed the following:

Dist.	Trustee	
1	Bernard B. Rosenblatt	Present
2	Paul W. Holtzman	Present
3	Eli Goodman	Present
4	Howard C. Jackson	Present
5	Cleon M. Schauwecker	Present
6	Paul M. Inlow	Present
7	John O. Butler	Present
7	Joseph F. Ferrara	Present
8	Richard G. Ingram	Present
9	William M. Sholty	Absent
10	Vincent J. Santare	Present
11	James A. Harshman	Present
12	John S. Farquhar, Jr.	Present
13	G. Beach Gattman	Present

	Alternate	
1		
2	Betty J. Dukes	Absent
3	Thomas A. Neathamer	Present
4	William F. Blaisdell	Present
5	William G. Bannon	Present
6	Glen Ward Lee	Present
7	Donald C. McCallum	Absent
7	John G. Pantzer	Present
8	Jack L. Alexander	Absent
9	Max N. Hoffman	Present
10	Martin J. O'Neill	Absent
11	Lloyd L. Hill	Absent
12	Walter D. Griest	Absent
13	Donald S. Chamberlain	Present

Officers & Executive Committee:

Joe Dukes	Present
Gilbert M. Wilhelmus	Present
Hugh K. Thatcher, Jr.	Present
Arvine G. Popplewell	Present
Frank B. Ramsey	Present
James H. Gosman	Present
John W. Beeler	Present
William R. Cast	Absent
Donald M. Kerr	Present
William R. Clark	Present

AMA Delegates & Alternates:

James A. Harshman	Present
Eugene F. Senseny	Present
Malcolm O. Scamahorn	Present
Lowell H. Steen	Present
Patrick J. V. Corcoran	Absent
A. Alan Fischer	Present
Ross L. Egger	Absent
Kenneth O. Neumann	Absent
Thomas C. Tyrrell	Absent
Peter R. Petrich	Present

Guests:

John D. Porterfield	Present
Richard Kilborn	Present
George T. Lukemeyer	Present
Jack Shields	Present
Arthur Loftin	Present
James Herod	Present
Joe M. Black	Present
William T. Paynter	Present
Lee Mortenson	Present
Fred Smith, Jr.	Present

ISMA Staff:

Robert J. Amick	Present
Kenneth W. Bush	Present
James A. Waggener	Present
Howard Grindstaff	Present
Michael H. McDermott	Present

Report of the Blue Shield President

Mr. Richard Kilborn, Blue Shield president, reported on the current status of the Blue Cross-Blue Shield organization. He said their operations were closely in line although the financial and operational figures are not yet available for this last year; 1973 will be one of the best years either corporation has ever experienced. Income reached a new high of nearly $300,000,000 represented by $197,000,000 for the Blue Cross organization and $94,000,000 for Blue Shield —an all-time high.

Membership is also near an all-time high with Blue Cross and Blue Shield both approaching the 2,000,000 mark. One of the accomplishments for which they are most proud, he said, is the fact that joint operating expenses for the year will be down 6.26%, which is their lowest operating percentage as a joint operation and is one of the lowest in the country. The significance of this figure, he said, is that if both continued their separate ways, projected budget figures indicated that they would have spent nearly $6,000,000 more for operating expenses in 1973 than they actually did under the existing system.

The integration of operations has proven a real financial bonus and gain for both corporations as well as for the membership.

What this really means is that $6,000,000 was not added to the cost of health care in Indiana last year, and this is the most important thing at a time when the public is rebelling against a so-called high cost of health care, he said. Another accomplishment of which they are proud, Mr. Kilborn said, is the fact that they are going to realize another substantial underwriting gain for 1973. You will recall last year, he said, that we refunded nearly $12,000,000 as a result of our good experience in the year 1972. The news releases last year gave credit to the physicians and their patients who cooperated in using less expensive health care services.

Many questions were asked of Mr. Kilborn, and additional reference was made to the use of B-12 shots. Mr. Kilborn said that under Medicare B, the regulations are specific regarding the usage of B-12 and named specific conditions for which B-12 injections can be allowed.

It was generally expressed by the Board that the regulations were not needed and that, in essence, they tell the physician how to practice medicine.

Mr. Kilborn recommended that, if the Board objected, they write a letter, with copies to the Social Security Administration, indicating displeasure and asking for reconsideration of their position on this matter.

Mr. Kilborn referred to the uniform insurance claim form which has been developed by the American Medical Association and National Blue Shield and said that Indiana Blue Shield would endorse its use.

It was then moved by Dr. Wilhelmus that the Board authorize him to propose to the insurance commissioner that a uniform insurance form be adopted for the state of Indiana.

Report of Blue Shield Board Chairman

Dr. Joe Black, chairman of the Board, told the Board that the Blue Shield directors elected by the Board of Trustees of ISMA had 100% attendance at Board meetings. There have been, he said, fewer problems with claims during the past few weeks than ever before.

Report of the Blue Cross President

Mr. James Herod complimented Mr. Kilborn on his contribution to the success of Blue Cross-Blue Shield operations during the year. He said that Mr. Kilborn is responsible for the success of the combined operations.

Mr. Herod was asked to address himself to the ISMA Board Resolution urging that Blue Cross withdraw its blanket disapproval of proprietary hospitals.

Mr. Herod stated that, although Blue Cross, the Indiana Hospital Association, Blue Shield, and the Indiana State Medical Association had worked together in many ways over the years, we all, more or less, committed ourselves to a more open channel of communication on all matters of mutual concern in an effort to give the trial integration of Blue Cross

and Blue Shield a chance to prove its value to all concerned.

Therefore, he said, they were quite shocked by the resolution passed by the ISMA Board of Trustees strongly urging the Blue Cross Board to make a decision concerning proprietary hospitals without first having any communications with the Board to ascertain the actual facts on the case in question. In addition, he reported they were very dismayed to hear the Indiana State Medical Association officially testify against Blue Cross in an open legislative hearing on Friday morning, Jan. 11, 1974. To our knowledge, he said, this was the first time in all the years that I have been with Blue Cross, where one member of a health care community openly testified against another member in the legislature. The lack of communication to attempt to ascertain the true facts perhaps led to such statements being made about Blue Cross as monopolistic, etc., in the letters that were read. We would hope that the channels of communication can be opened once and for all and kept open so that these situations need never occur again in the future, he said.

Report from Joint Commission on Accreditation of Hospitals

Dr. John D. Porterfield reported to the Board on the Joint Commission's activities. The invitation came from Indiana because of Commission inspectors leaving the impression that retrospective audit of physicians was to become mandatory and expected by the Commission if a hospital was to be accredited.

Dr. Porterfield clarified this for the Board and answered a multitude of questions concerning the Commission's operation. He explained the history of the Joint Commission and the objective of the Commission to develop standards and programs which would encourage medical staffs to be more involved in the quality of their work.

He discussed retrospective audits, standards for quality maintenance of hospitals, qualifications of field surveyors, TAPP, QAP, and MATS (Medical Audit Team Seminars) offered to hospitals, and medical staff responsibilities.

He reported that hospital seminar team audits are available for $2,000 (development cost) plus $10 per person (cost of materials). The quality of practice in the hospital is the central purpose of the commission's existence; the standards are necessary for accreditation of a hospital. A MATS institute is scheduled for March at the Holiday Inn in Indianapolis.

Report of Acting Dean, Indiana University School of Medicine

Dr. George Lukemeyer, acting dean of IUSM, spoke of his trip to Anaheim and emphasized the fact that we should listen to the medical students and to the house staff. He congratulated Dr. Alan Fischer and his associates for having received approval for the family practice residency program. He discussed admissions characteristics and reported a total of 305 entering students projected for next fall; 39 are females.

Also discussed was H.B. 1370 (Nelson Bill) creating an autonomous State University of Indianapolis. Dr. Lukemeyer said, "We feel a great concern and a sincere dedication to the quality of medical education. Medical education is a very expensive and a very complex and difficult area to understand and it should have the full support of a very strong university. I believe this to be a disservice to health professional schools and to IUPUI to throw them into a situation where they are competing for scarce resources. This is the wrong time to create a University of Indianapolis. The Dental Association has passed a resolution opposing this concept." It was also stated that the bill would absorb the regional campuses, which would deteriorate the present program.

To further reinforce the action taken by the Board on Saturday, January 19, it was moved by Dr. Wilhelmus to send a letter to the private physicians of the legislators in regard to this matter. Dr. Goodman amended the motion that the Board formalize their attitude and that this be incorporated in the letter. The motion as amended was carried.

Report of Health Commissioner

Dr. William Paynter referred to a letter from the Department of HEW. HEW is in the process of coordinating the state health authorities around the country for National High Blood Pressure Month. The letter asked for a letter from Dr. Paynter to state the state's participation in five areas: (1) The education of appropriate state and county personnel regarding high blood pressure measurement, (2) high blood pressure screening and referral of all state employees, (3) high blood pressure screening and referral of patients of state and county health clinics and any plans on increasing public awareness of high blood pressure during National High Blood Pressure Month, and (5) inform the governor of your State Health Department contributions to the National High Blood Pressure Month and encouragement to proclaim May as High Blood Pressure Month in the state. Dr. Paynter said he informed HEW that there would be a delay and he requested the Board to refer it to a proper commission for consideration and recommendation to him. It was then moved that the matter be referred to an appropriate commission; seconded and passed.

Dr. Paynter then commented on Comprehensive Health Planning as the responsibility of the State Board of Health and specifically regarding the regulations that come from the planning review section of the Social Security Amendments, P.L. 92-603. In this section the purpose is said to insure that federal funds are not used to support unnecessary capital expenditures. Secondary purpose is to support and complement state and local planning efforts. Only recently, they have had a look at what appears to be pretty much the final regulations. The planning component, the A agency, began to put together a review process. They assigned necessary staff among other areas in the State Board to effect a method of review. The situation at the moment is that they have probably complied with most of the requirements that are beginning to appear to be finalized. In various areas of the state there are major issues regarding proposals, he said. It will be our intention, Dr. Paynter said, to do this as legitimately as possible. I am quite sure that will draw a lot of fire by having to say no in some areas. I would ask you to understand that we are operating in this fashion. I would hope that you would support our effort to shape up our planning program in order to do a creditable job for the state.

Dr. Paynter then called attention to H.B. 1232, the Emergency Medical Services bill, and supported the concept; however, he said he felt a definition of EMS was needed and thought this would pose a problem and should be modified. Dr. Farquhar said there is a federal and national definition which would preempt our attempt to do so. Discussion ensued and it was moved that the Commission on Legislation obtain a definition of emergency medical services. This was seconded and carried.

Report of Dr. Schuster

Dr. Dwight Schuster, as a point of order, was permitted to address the Board. Dr. Schuster, past trustee and past alternate delegate to the AMA, is on the Governor's Commission on Drug Abuse. The commission is in the process of reviewing survey information of

tremendous volume on drug abuse, drug habits, and legal drug prescribing. He asked for approval of Dr. Gene Lynn, psychiatrist, to represent him on the commission at times when he could not go to a meeting. It was moved that the Board recommend that Dr. Schuster be allowed to recommend an alternate for his position. This was seconded and carried.

It was taken by consensus that Dr. Schuster would come back to the Board for further reporting, in approximately 60 days, on the final results of the survey.

Report of Dr. Senseny

Resolution 41 at the AMA Anaheim Convention, opposed violations of confidentiality, Dr. Eugene F. Senseny, floor leader for the Indiana delegation, reported. The resolution as directed to government agencies and third parties requested the AMA to take action to assure the confidentiality of patient medical information.

The Council on Legislation of the AMA was also instructed to prepare model legislation on preservation of confidentiality as a guide to possible state legislation and present the legislation to the 1974 annual meeting. Dr. Senseny also reviewed additional actions of the AMA House including tenure of the AMA Board (3 terms of 3 years each), Resolutions 43, 48, Phase IV, Dr. Phillip Crane's speech for PSRO repeal, Dr. Otis Bowen's acceptance of the Benjamin Rush Award, and others.

Dr. Shields further elaborated on the activities of the AMA meeting and asked that the Board think about replacing some of the elective offices of the AMA with physicians from Indiana.

Report of Dr. Wood

Dr. Don Wood reviewed the AMA Board meeting recently, which was a free-thinking session on organized medicine's problem areas. Items discussed were: medicine as a public utility, national health insurance, the role of organized medicine in continuing medical education, etc. He said the AMA Board is going to have a four-day meeting to work entirely on PSRO to find the best ways possible to eliminate government intervention. Dr. Wood fielded many questions concerning the actions of the House of the AMA and said he would take the ideas of the ISMA Board back to them.

Certification and Recertification

ISMA protest of preadmission certification for hospitals and nursing homes in government programs voted by the Board as well as review of emergency admissions within 24 hours. The ISMA protest will be joined with that of the AMA on these particular points. It was reported to the Board that there had been meetings with the Indiana Hospital Association, the Indiana Nursing Home Association, and the intermediaries concerning these Medicare and Medicaid requirements.

All had agreed that the reports required were "obnoxious" but were necessary for reimbursement to the patient. The Hospital Association and the ISMA are to send a joint letter to all their members explaining certification and recertification in an attempt to standardize and simplify these requirements. Both organizations are also objecting to the Cost of Living Council's plan for paying hospitals by admission diagnosis as unworkable. The American Hospital Association, the Board was informed, is considering a suit if the regulations are not altered.

PSRO Hearing

Mr. Waggener then spoke concerning Dr. Gosman's attendance at the PSRO hearing on July 24, Resolutions 73-1 and 73-21, the fact that PSRO informational material had been sent to the editors of newspapers, news directors of TV and radio, and asked for a commentary or decision in regard to the areas set up.

Dr. Butler read the action of the Marion County Medical Society. It was moved by Dr. Schauwecker to poll the Board to see if they would have an expression as to how their counties feel in this regard. The poll showed that most of the trustees were not in accord with the boundary lines, with the exception of the 12th district boundaries which had been correctly drawn because of the existence of a medical foundation.

This was further discussed and it was moved by Dr. Thatcher to inform the county medical societies that districts have been drawn up and that they have an opportunity to object to them. Dr. Ingram amended the motion by stating they should be informed clearly of Resolution 73-1. This was seconded by Dr. Goodman and the motion as amended, carried.

Dr. Goodman said he thought the action of this Board should be that the Board is totally opposed to the concept of PSRO and under no circumstances can this be acceptable. He moved to send an appropriate communication to the appropriate authorities restating our opposition to the entire PSRO concept and elaborating our objection to the proposed designated areas as being totally untenable. This was seconded by Dr. Schauwecker and carried with one vote dissenting, which Dr. Ingram asked to be registered. The letter is to be drafted by Mr. Waggener, approved by Drs. Thatcher, Ingram and Harshman before mailing.

IMPAC Board

Dr. Fred Smith had been asked to come back to the Board with nominees for the IMPAC Board. Several names were approved from the Woman's Auxiliary; however, upon closer examination the nominations were improperly listed according to districts, so Dr. Smith was authorized to send the list to the Board for their approval. Dr. Gosman asked not to serve; Drs. Hoffman, Rutger, Pantzer, and Neumann were appointed.

Certification and Recertification

A subcommittee of the executive committee was appointed to meet with the Hospital association, with the Blue Cross carriers, and the nursing home representatives to work out a satisfactory system for reporting.

Dr. Santare reported that the AMA was also opposed to the necessity of the "obnoxious" reports. It was moved by Dr. Santare that a letter be drafted by Mr. Tekolste and Mr. Waggener and circulated to the members of the county medical societies stating the Board's opposition to the reports and to the regulations under Medicare and Medicaid that hospitals be paid per admission diagnosis times the average length of stay. The motion carried.

Certification and recertification requirements were then discussed as to how they can be worked out so as not to be obnoxious. It was moved by Dr. Thatcher that the Board accept this for information. The motion carried.

Blue Shield Board Member

It was moved by Dr. Holtzman that Dr. Gattman be the representative on the Blue Shield Board; seconded and carried.

Insurance Policy

Information concerning the physician-members' medical insurance policy was distributed. The plan and the new rates were explained by Mr. Waggener. In view of the lack of time involved in referring this to the ISMA Insurance Commission, it was moved, seconded and carried that Drs. Gattman, Goodman and Holtzman be given the authority to accept or make recommendations in regard to this policy.

Legislation

Mike McDermott reviewed digests of the more important bills having to do with medicine and stated that of the 700 bills, we were taking a look at 119 of them; 12, he said, are of major importance. McDermott stated that the Indiana Academy of Ophthalmology and Otolaryngology is hiring an attorney to try to work out the legal aspects of the troublesome areas of the Medical Practice Act, to resolve some of the differences. It was pointed out by Dr. Harshman that perhaps the Commission on Legislation should be establishing special ISMA policy on bills. He expressed concern in this area.

For-Profit Hospitals

A policy decision of the Board concerning proprietary hospitals was discussed. It was moved by Dr. Thatcher that this be held over to the Executive Session.

Controlled Drug Regulations

Mr. McDermott asked what could be done at the next meeting of the pharmacy board, inasmuch as letters from ISMA and the Pharmaceutical Association have been ignored. It was suggested that Drs. Ferrara, Bannon, and Jackson attend with Mr. McDermott to testify at the hearing.

Spring Meeting

It was moved by Dr. Gosman, and seconded, to remove from the table the item of the spring meeting of the Board at the Inn of the Four Winds, beginning on Friday night and adjourning on Sunday (wives invited). Dr. Dukes amended the motion to put the expenses on a fixed per diem basis, plus travel. This was seconded by Dr. Goodman and the amendment carried.

Dr. Thatcher inserted that, inasmuch as the Board was already running ahead on the budgeted amount, it would be wise to refer this motion, as amended, to the Board Committee on Economic and Fiscal Matters so as to come to a definite understanding in keeping with the budget. The Chair so ruled.

Health Manpower Letter

The health manpower letter, which was tabled on Jan. 19, was removed from the table upon motion by Dr. Gosman, seconded and carried. It was suggested to refer this letter to the subcommittee of which Dr. Gosman is chairman.

It was moved, seconded and carried to send a letter to HEW concerning data which has been gathered (family practice) on the needs of physicians in Indiana communities for the purpose of receiving available federal funds to improve health service systems.

Letter from Dr. Raymond H. Murray

The letter from Dr. Raymond H. Murray, IUSM, moved by Dr. Thatcher to take from the table, was seconded and carried. It was then moved by Dr. Ingram that the use of the ISMA letterhead not be allowed. This was seconded and carried. The request for the use of the mailing list was not discussed since this is the function of the Executive Committee.

Lee Mortenson

Lee Mortenson spoke briefly of the PSRO area designations, the upcoming congressional issues, the membership incentive program of the AMA, and the National Leadership Conference.

Convention Meeting in 1977

The Convention Center is available for Oct. 2-7 and for Oct. 10-14, 1977, with no obligation if dates are reserved. It was moved by Dr. Ingram, seconded and carried, that the dates of Oct. 10-14 be supported.

Convention—1974

Dr. Gosman explained that it had been proposed to charter a bus on Saturday, Oct. 5, for a football game (I.U. vs. W.Va.) in Bloomington, coming back to Indianapolis that evening for an entertainment program sponsored by the Woman's Auxiliary. He asked for the Board's direction since it would be necessary to obtain 1,000 tickets.

Washington Visitation

The Washington visitation is scheduled for March 12, 13, and 14. The Executive Committee will be going. The Board is welcome, at member's own expense.

The Board then went into Executive Session.

EXECUTIVE COMMITTEE

March 12, 1974

Dr. Kerr, chairman, called the meeting to order at 4:30 p.m., Tuesday, Mar. 12, 1974, at the Hay-Adams Hotel, Washington, D.C.

Roll call showed the following present: Doctors Kerr, Clark, Dukes, Wilhelmus, Santare, Thatcher, Popplewell, Mr. Waggener. Guests were Drs. William M. Sholty, Joe Black and Peter Petrich.

THE MINUTES OF THE MEETING held January 19th were approved upon motion of Dr. Thatcher seconded by Dr. Clark. The minutes of the telephone conference held February 28 and one held March 6 were approved by consent. The Membership Report was reviewed and approved by consent.

OFFICE FACILITIES. The Secretary presented a plan for reorganization of the office facilities, by moving the two girls currently in a private room to the area of the secretarial pool, and purchasing some 5-foot partitions; and putting the Tel Med Operation, as well as the new coordinator of Continuing Education in the space currently occupied by the two secretaries. The plan was approved upon motion of Dr. Wilhelmus seconded by Dr. Santare.

TEL-MED PROGRESS. The Secretary then explained progression of the Tel Med project; and at this time did not have sufficient funds to keep the operation going for a full year. It was suggested by Dr. Santare that we might discuss this with some of the B Agencies.

OFFICE EQUIPMENT. Upon motion of Dr. Wilhelmus seconded by Dr. Santare, the secretary was authorized to contract for folding equipment if it were

MEMBERSHIP REPORT AS OF MARCH 8, 1974:

ISMA	1974	1973	Increase over 3/8/73
Full dues paying	3599	3620	(-21)
Residents	67	47	20
Exempt	512	497	15
Total	4178	4164	14
AMA			
Full dues paying	3339	3359	(-20)
Residents	65	34	31
Exempt	512	497	15
Total	3916	3890	26
Paid ISMA—not AMA			
Full dues paying	260	261	- 1
Residents	2	13	-11
Total	262	274	-12

necessary. Dr. Dukes suggested that we might offer our old machine to some agency for $100.

EMPLOYEE RETIREMENT FORMS. An increase for some members of the staff in this program was approved for signature, upon motion of Dr. Wilhelmus seconded by Doctor Santare.

THE TREASURER GAVE A CASH-FLOW REPORT. It was taken as a matter of information and will await a complete report from the treasurer at the next meeting of the Committee.

BUILDING COMMITTEE. Dr. Thatcher then discussed the activities of the Building Committee, and he was advised to make this report to the Board at its next meeting.

A REQUEST BY THE METHODIST HOSPITAL for use of the mailing list at the regular fee was approved on motion of Dr. Santare seconded by Dr. Clark.

A LETTER ADDRESSED TO PAST PRESIDENT JAMES GOSMAN, concerning a Congressional Subcommittee hearing to be held at Methodist Hospital Friday, March 15, was read for the information of the Committee. The Executive Committee voiced its displeasure over the fact that the Indiana State Medical Association was not invited to testify.

A LETTER FROM DR. FARQUHAR ADDRESSED TO THE REGIONAL HEALTH MEDICAL POWER DIRECTOR was reviewed for the information of the Committee, and Dr. Dukes is to discuss this with Dr. Farquhar.

MINUTES OF THE COMMISSION ON SPECIAL ACTIVITIES WERE REVIEWED for the information of the Committee.

A LETTER WAS READ FROM DR. RAYMOND J. O'BRIEN of Michigan City; by consent, this was referred to the Commission on Public Health.

A LETTER FROM THE MARION COUNTY MEDICAL SOCIETY seeking information as to whether the Indiana State Medical Association would file suit concerning the PSRO designations, and indicating that if the State did not, Marion County would file such a suit. Upon motion of Dr. Santare, Marion County is to be advised to proceed as they see fit.

A REQUEST FROM MARION COUNTY MEDICAL SOCIETY seeking a legal opinion was reviewed and, upon motion of Dr. Wilhelmus seconded by Dr. Santare, the secretary was instructed to return this to the county society and inform them the Committee thought this was a local matter.

A LETTER FROM THE AMERICAN ACADEMY OF PEDIATRICS announcing they had disassociated themselves from the American Nurses' Certification Program for a Pediatrics' Nurses Practice in Ambulatory Health Care was reviewed for the information of the Committee.

A REQUEST FOR FINANCIAL SUPPORT BY THE INDIANA STATE ASSOCIATION OF MEDICAL ASSISTANTS was turned down upon motion of Dr. Dukes seconded by Doctor Wilhelmus.

A LETTER FROM THE STATE HEALTH COMMISSIONER concerning a proposed plan to eradicate certain vaccine-preventable diseases was reviewed for the information of the committee. The president is to write a letter to the commissioner approving his suggestion.

A LETTER FROM DOCTOR SUELZER regarding Emergency Medical Services Committee Plan and a letter from Dr. Farquhar on the same subject was taken as a matter of information.

A LETTER FROM INDIANA NURSES' ASSOCIATION requesting the establishment of a liaison committee with the Indiana Chapter of the American Association of Critical-Care Nurses. The request was turned down on motion duly made and seconded. It was felt that this should be a local staff function rather than a State level function.

A REQUEST FROM INDIANA STATE NUTRITIONAL COUNCIL for a doctor to serve on a committee to review the diet manual was read. Upon motion of Dr. Wilhelmus seconded by Dr. Santare, Dr. Dukes is to make the appointment.

A REQUEST THAT THE WOMEN'S AUXILIARY RECEIVE MINUTES OF THE MEETINGS EXECUTIVE COMMITTEE AND OF THE BOARD OF TRUSTEES was reviewed and, upon motion of Dr. Wilhelmus seconded by Dr. Santare that they not be distributed, and upon taking a vote, the motion lost. Dr. Sholty will discuss this matter with the Auxiliary.

A RENEWAL OF MEMBERSHIP IN U.S. CHAMBER OF COMMERCE WAS approved upon motion of Dr. Thatcher seconded by Dr. Santare. Dr. Dukes be recorded as no.

THE SECRETARY REPORTED UPON SOME MATERIAL HE HAD RECEIVED FROM THE ABORTION COMMITTEE OF THE BOARD OF HEALTH, which points out that, as of Feb. 18, 1974, there had been 2,179 abortions performed in the state of Indiana and 67,485 live births.

A LETTER FROM THE AMA concerning the National Cancer Institute was read and the secretary was instructed to obtain more information.

A LETTER FROM THE STATE BOARD OF HEALTH CONCERNING implementation of Sec. 1122 of PL 92-603 was reviewed for the information of the committee.

A LETTER FROM DR. FARQUHAR regarding CHP was reviewed and Dr. Santare is to contact Dr. Farquhar. This was taken by consent. The secretary was also instructed to discuss this matter with the State Health Commissioner.

A LETTER FROM MEDICAL SERVICE CONSULTANTS CORPORATION was reviewed for the information of the Committee.

A LETTER FROM REGION 5 OF HEW was reviewed for the information of the Committee.

A LETTER FROM THE AMA regarding prevailing charge screens was reviewed for the information of the committee.

THE SECRETARY REPORTED ON A PHYSICIAN'S COMPLAINT concerning Social Security Administration inspecting patient's records in hospitals and this was taken as a matter of information.

A LETTER FROM AN INDIANA PHYSICIAN CONCERNING PAYMENTS BY BLUE SHIELD was taken as a matter of information.

A REPORT FROM STATE JOURNAL ADVERTISING BUREAU SHOWING INDIANA ranked 31 out of 42 journals in the amount of national advertising carried.

THE MINUTES OF THE BLUE CROSS BOARD MEETING of January 31 was taken as a matter of information.

A STATEMENT FROM AN INDIANA PHYSICIAN FOR MEDICAL DEFENSE was approved for payment

upon motion of Dr. Santare seconded by Dr. Thatcher.

AN APPLICATION FOR MEDICAL DEFENSE COVERAGE of an Indiana physician was reviewed and accepted by consent.

The meeting was then recessed until Thursday morning.

March 14, 1974

The meeting was again called to order Thursday, March 14, 1974 at 8:00 a.m. by Dr. Kerr, chairman.

Dr. Eli Goodman then discussed a conflict existing between two physicians in Indiana on a matter of ethics.

THE CONSTITUTION AND BY-LAWS FOR THE INDIANA SOCIETY OF MEDICAL ASSISTANTS was reviewed and approved upon motion of Dr. Thatcher seconded by Dr. Clark.

FUTURE MEETINGS

THE QUALITY OF LIFE PROGRAM to be held in Chicago April 1-3; upon motion of Dr. Thatcher seconded by Dr. Wilhelmus, Dr. Dukes was authorized to attend this meeting.

HEALTH AND WELFARE MANAGEMENT SYSTEMS in Chicago the week of April 24. No representative will be sent.

THE EIGHTH NATIONAL CONGRESS, ASSOCIATION OF ECONOMICS OF HEALTH CARE, scheduled for April 18, 19 and 20 in San Diego. Dr. Wilhelmus will attend, if possible.

27TH NATIONAL CONFERENCE ON RURAL HEALTH scheduled in Detroit, upon motion of Dr. Thatcher and taken by consent, no representative will be sent.

There being no further business, the meeting was adjourned to reconvene at 6:00 p.m. on April 5th at the Inn of Four Winds. (The next meeting date has been changed and the Executive Committee will meet at 2:00 p.m. on April 20th at the Headquarters Building.)

From THE JOURNAL 50 Years Ago

The present study was begun in September, 1923, and has been continued up to the present date, May 15, 1924, and is as follows:

I have found by actual observation, 460 cases of goitre, or 32.8 per cent of the girls in school this year. These goitres are of all sizes, ranging from very small ones to others that are quite large. All of the freshmen girls had a special physical examination this fall and of these, 41 per cent had goitres, and as all of the goitrous cases among upper-classmen probably not have been seen this year, this perhaps shows a more correct estimate of the cases in the university than the above figures.

In general the treatment consisted of a palatable iodine preparation containing 6 Mgm. (1/10 gr.) iodine in organic combination with fatty acids. This preparation was in tablet form to be taken three times a day, that is 18 Mgm. daily, for two weeks; then the patient reported two weeks later, or rather after a two weeks' rest, for observation and the treatment was repeated. In some cases the tablets were supplemented by the use of table salt containing .02% sodium iodide. This salt was used in the preparation of food as any other salt would be used.

All were given an opportunity to receive treatment, and 237 availed themselves of it. So far 89 have failed to report, so I can give results based on only 148 cases.

The results are as follows:

Improved	89 cases or 61.5%
Stationary	37 cases or 25.0%
Increased	22 cases or 14.5%

Some of the cases had iodine treatment just once, others twice, and still others three times. Two cases were using iodized salt in their food but no tablets; others were combining the tablets with the salt. . . .

I found that in practically all the cases the goitres increased in size during the administration of iodine, and decreased a few days afterward, so that I had the patients wait for two weeks after taking the medicine before reporting. In other cases, the goitre remained stationary with one treatment, but decreased after a second treatment. When the second treatment failed I felt that it should be dropped. . . . Fernande H. Luck, M.D., Bloomington, "Goitre at Indiana University," **JISMA** June 1924.

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Indiana Delegation in Congress

UNITED STATES SENATORS

Senior Senator—Hon. R. Vance Hartke
(D) 1010 Kerns Court, Falls Church, Virginia
313 Russell Senate Office Bldg., Washington 20510

Junior Senator—Hon. Birch E. Bayh, Jr.
(D) 2919 Garfield St. N.W., Washington
363 Russell Senate Office Bldg., Washington 20510

UNITED STATES REPRESENTATIVES

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(D) 578 Broadway, Gary
2409 Rayburn Bldg., Washington 20515

Second District—Hon. Earl F. Landgrebe
(R) R. R. 2, Valparaiso
1203 Longworth Bldg., Washington 20515

Third District—Hon. John Brademas
(D) 750 Leland Ave., South Bend
2134 Rayburn Bldg., Washington 20515

Fourth District—Hon. J. Edward Roush
(D) College Ave., Huntington
2400 Rayburn Bldg., Washington 20515

Fifth District—Hon. Elwood Hillis
(R) P.O. Box 847, Kokomo
1721 Longworth Bldg., Washington 20515

Sixth District—Hon. William G. Bray
(R) 489 N. Jefferson, Martinsville
2204 Rayburn Bldg., Washington 20515

Seventh District—Hon. John T. Myers
(R) 921 Second St., Covington
103 Cannon Bldg., Washington 20515

Eighth District—Hon. Roger H. Zion
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Ninth District—Hon. Lee H. Hamilton
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Tenth District—Hon. David W. Dennis
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1535 Longworth Bldg., Washington 20515

Eleventh District—Hon. Wm. H. Hudnut III
(R) 7030 N. Pennsylvania St., Indianapolis
1004 Longworth Bldg., Washington 20515

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Lieutenant Governor	Robert Orr	R	333
Secretary of State	Larry A. Conrad	D	201
Treasurer of State	Jack L. New	D	242
Auditor of State	Mary Aikins	D	240
Attorney General	Theodore L. Sendak	R	219
Supt. of Public Instruction	Harold H. Negley	R	227
Clerk of Supreme Court	Billie McCullough	D	217
Reporter of Supreme Court and Appellate Court	Marilou Wertzler	R	416

State Health Organizations

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Ralph C. Pickard, Assistant Commissioner for Environmental Health
L. W. Spolyar, M.D., Assistant Commissioner for Medical Operations
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Malcolm A. Mason, Director, Division of Health Education
Director, Division of Local Services
Richard E. Thompson, Director, Division of Grants and Planning

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Samuel L. Moore, Director, Division of Water Pollution Control
Director, Division of Industrial Hygiene
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Hubert H. Vaux, Director, Division of Dairy Products

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Charles Griffin, Director, Division of Virology

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Indiana School for the Blind—Indianapolis
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James Kite, Assistant Director
(Advisory Committee has not yet been appointed)

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Assistant Adm.-Medicaid
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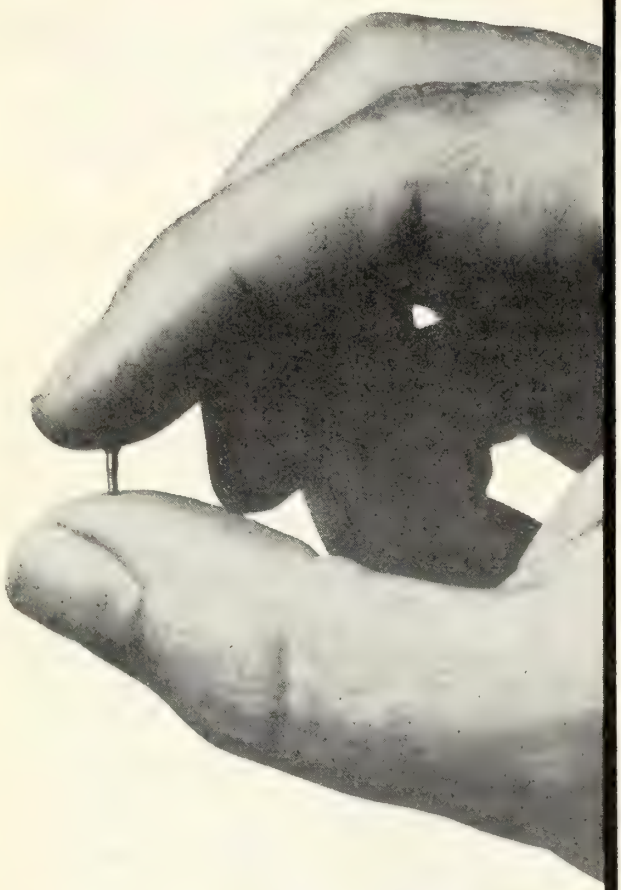
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Due to the additional content of the Yearbook, cut-off date for changes in the following groups was in April. Some have changed in the interim. However, it is felt that where officers have changed, a query to those listed here will put interested persons in contact with such groups.

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*Dr. Todd will be installed at the June meeting of the AMA. The President-Elect had not been named at the time this issue went to press. His election will be announced in the July *Journal*

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Voluntary Health Agencies

Criteria for Official Recognition of Voluntary Health Agencies by ISMA Commission on Voluntary Health Agencies

1. Must conform to fund raising practices of National Social Welfare Assembly.
2. Must request approval by the Indiana Medical Association and agree to utilize qualified medical guidance from the Association to an adequate degree in planning and implementing medical and research activities.
3. Must clearly define its relationship (if any) with a national group in regard to its status or degree as ancillary or independent unit.
4. Must state fully its purpose and objectives as related to health services and medical care and research.
5. Must demonstrate adequately its objectives and fund goals are realistic when related to actual needs.
6. Must show that cost of fund raising and administration is reasonable in relationship to total expenditures towards its stated objectives.
7. Must show the educational and promotional materials used are medically sound and presented in good taste.
8. Must relate its expenditures and services to needs for such services and to established medical care patterns.
9. Must justify its research expenditures by morbidity and mortality incidence and research needs.

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Outpatient Mental Health Facilities In the State of Indiana: 1974

DANIEL D. STEINER, ACSW
Indiana Department of Mental Health
Indianapolis

Following is a list of outpatient mental health facilities in the state of Indiana, alphabetized by city of location. The reader who might be interested in additional services (family services, pastoral counseling, psychological testing and a more detailed listing of services, staff and application procedure) should consult the Department of Mental Health, 1315 West Tenth St., Indianapolis, 46202, Mental Illness Division, Daniel D. Steiner, ACSW, Director, 634-8401 Ext. 285.

Anderson

*The Center for Mental Health, 1616 Meridian Street, 46016. (317) 642-4968
K. Ramachandram, M.D., Medical Director.
Donald Maxstadt, ACSW, Administrator.

Bloomington

Indiana University Psychological Clinic, Psychology Building, 47401. (812) 337-2311
Leon Levy, Ph.D., Director.

*Mental Health Clinic of Monroe, Lawrence, Owen, and Morgan Counties, 619 West First Street, 47401. (812) 339-1691
Edward E. Cureton, M.D., Medical Director.
John Brown, Administrator.

Columbus

Quinco Center, 2075 Lincoln Park Drive, 47201. (812) 379-2341
George C. Weinland, M.D., Medical Director.
Eugene Hall, Adm.

Elkhart

*Oaklawn Community Mental Health Center, Inc., 2600 Oakland Ave., 46514. (219) 294-3551
Dennis F. Rupel, M.D., Medical Director.
Robert W. Hartzler, Administrator.

Evansville

*Southwestern Indiana Mental Health Center, Inc., 415 Mulberry Street, 47713. (812) 423-7791
Erwin J. Stegman, Ph.D., Acting Director.
Robert M. Spear, Business Administrator.

*Vanderburgh Youth Guidance Center, 1 North Barker Ave., 47712. (812) 424-8227
Lillian Moulton, M.D., Medical Director.

Gary

*Lake County Mental Health Clinic, 4801 West 5th Ave., 46406. (219) 949-9031
Krystyna Sklenarz, M.D., Medical Director.
Mrs. Mary E. Redfox, Business Administrator.

**Northwest Area Office, 8125 Kennedy Avenue, Highland, 46322. (219) 972-1150
Ross Z. Stanton, Administrator.

Fort Wayne

*Mental Health Center at Fort Wayne, 227 East Washington Blvd., 46802. (219) 422-4776
Joseph P. Fiacable, M.D., Director of Adult Division.

Robert L. Greenlee, M.D., Director of Children's Division.

Indianapolis

Adult Psychiatry Clinic, Indiana University Medical Center, 1100 West Michigan St., 46202. (317) 264-7422
John E. Kooiker, M.D., Medical Director.

*Partially supported by the Indiana Department of Mental Health.

**Completely supported by the Indiana Department of Mental Health.

**Central State Hospital Clinic—Alcoholism—Bahr Treatment Center, 3000 West Washington St., 46222. (317) 639-5304
Rosendo G. Transinsin, M.D., Unit Chief.
Mrs. Deanne K. Peer, Administrator.

*Child Guidance Clinic of Marion County, Inc., 1949 East 11th St., 46201. (317) 632-5381
Edward C. Shipley, M.D., Medical Director.
Ben L. Glancy, Administrator.

Epilepsy Clinic of The Indiana University Medical Center, Fourth Floor, Riley Hospital, 46202. (317) 264-4974
Omkar Markand, M.D., Medical Director.

Episcopal Community Services, Inc., 1537 Central Ave., 46202. (317) 635-2538
The Rev. Canon Stewart Wood, Jr., Executive Director.

**Larue D. Carter Memorial Hospital—Outpatient Clinic, 1315 West 10th St., 46202. (317) 634-8401
Joseph A. FitzGerald, M.D., Director.

Midtown Mental Health Center, Marion County General Hospital, 960 Locke St., 46202. (317) 630-7621
James J. Wright, M.D., Medical Director.
Don Sloan, Executive Director.

Pediatric-Neurology Clinic (formerly James Whitcomb Riley Memorial Clinic for Intellectually Handicapped Children), First Floor, Riley Hospital, 46202. (317) 264-8747
Arthur L. Drew, M.D., Medical Director.

Pediatric Neurology Clinic, Marion County General Hospital, 960 Locke St., 46202. (317) 630-7363

*Riley Child Guidance Clinic, Indiana University Medical Center, 1100 West Michigan St., 46202. (317) 264-8162
Donald Churchill, M.D., Director.

Jasper

*Southern Hills Mental Health Center, Inc., 112 W. 5th Street, 47546. (812) 482-3020
A. G. Pontave, M.D., Medical Director.
Mike Kugler, MSW, Acting Director.

Jeffersonville

*Southern Indiana Mental Health and Guidance Center, Inc., 207 West 13th Street 47130. (812) 283-4491
Joseph B. Brill, M.D., Medical Director.
John Case, Administrator.

Kendallville

*Northeastern Indiana Psychiatric Clinic, 305 E. North St. (U.S. 6) 46755 (219) 347-2453
James P. Spink, Ph.D., Clinical Director.
Otto D. Klassen, M.D., Medical Director.

Kokomo

Howard County Regional Mental Health Center, 3500 S. Lafountain St. 46901. (317) 453-7801
John A. Bowman, M.D., Medical Director.
James Jones, Administrator.

Lafayette

Purdue Psychological Services Center, Education Building, Purdue University, West Lafayette 47907. (317) 749-2754
James D. Linden, Ph.D., Director.
Donald R. Ottinger, Ph.D.

Wabash Valley Hospital Mental Health Center. 2900 North River Avenue, West Lafayette, Indiana 47906. (317) 463-2555
W. R. VanDen Bosch, M.D., Medical Director.
Donald Kinzer, Administrator.

Laporte

See Michigan City.

Lawrenceburg

*Community Mental Health Clinic, Inc., 285 Bielby Rd., Lawrenceburg, 47025. (812) 537-1302
Franz L. Geerearts, M.D., Medical Director.
Mrs. Norma R. Osterhage, Administrator.

Logansport

*Guidance Center, Inc., 200 Eel River Ave., 46947. (219) 753-6328
Heracleo Matheu, M.D., Medical Director.
David Barnett, ACSW, Administrator.

Madison

**Madison State Hospital Outpatient Clinic, Madison, 47250. (812) 265-2611
Donald B. Rogers, M.D., Medical Director.
Ott B. McAtee, M.D., Administrator.

Marion

Grant-Blackford County Mental Health Clinic, 412 South Boots St., 46952. (317) 664-0631
Larry K. Musselman, M.D., Medical Director.
John Brubaker, ACSW, Executive Director.

Michigan City

*LaPorte County Comprehensive Mental Health Center, Inc., 1304 Jefferson Avenue, LaPorte. 627 Pine Street, Michigan City, Indiana 46360. (219) 872-7279 LaPorte (219) 362-2145
Alvara Moreira, M.D., Medical Director.
James L. Anthony, Administrator.

Muncie

*Delaware County Child Guidance Clinic, 1711 Riverside, 47303. (317) 288-1928
John L. Yarling, M.D., Medical Director.
Robert A. Stump, ACSW, Administrator.

Richmond

*Camilla B. Dunn Mental Health Clinic, 54 South 15th St., 47374. (317) 962-1523
Donald Anthony, ACSW, Interim Director.

South Bend

*The Mental Health Center of St. Joseph County, Inc., 711 Colfax Avenue 46617. (219) 234-0061
C. Glenn Harris, M.D., Medical Director.
Joseph Stephens, Administrator.

Terre Haute

*Katherine Hamilton Mental Health Center, 620 Eighth Avenue 47804. (812) 232-1181
William C. Shriner, M.D., Medical Director.
Michael Wood, Associate Director.

Valparaiso

Porter County Guidance Clinic, 165 Lincolnway, 46383. (219) 462-4105
Myron E. Berkson, M.D., Medical Director.
Mrs. Edith Parsons, Administrator.

Vincennes

*Vincennes Comprehensive Mental Health Center, Good Samaritan Hospital, 520 South Seventh Street 47591. (812) 885-3291
Frederick H. Buehl, M.D., Medical Director.
Earl Stanley, Assistant Administrator, Business.

Warsaw

*Five County Mental Health Clinic, Inc., 703 South Buffalo St., 46580. (219) 267-7169
Herbert E. Salsberry, M.D., Medical Director.
Ben Knott, Ph.D., Administrator. ◄

About Our Cover

Our June cover photograph brings you LOVE, an outdoor sculpture by Robert Indiana which stands in front of the new Indianapolis Museum of Art. LOVE is made of 3/16 and 3/8-inch Corten steel which, through a natural process of rusting, provides a deep brown patina as a final and stable surface. The letters are made individually but, assembled in their proper order, stand 12 feet high and weigh three tons.

The artist, a native of New Castle who grew up in Indianapolis, maintains studios in New York City and on the island of Vinalhaven, off the coast of Maine.

The Indianapolis Museum of Art comprises three pavilions containing the museum's vast collection and a fourth, the Showalter Pavilion, which houses the Indianapolis Civic Theatre.

The Lilly Pavilion houses a variety of 18th and 19th century period furniture, French and English, and numerous porcelains and tapestries from the same era. The Clowes Pavilion is filled with the Clowes Fund Collection and the Museum's permanent collection of Medieval and Renaissance paintings, frescoes and tapestries. The Krannert Pavilion contains the remainder of the museum's permanent collection as well as special traveling exhibitions from museums throughout the country.

Briefly, the collection of the Indianapolis Museum of Art includes art of the Orient, Near East, primitives from Pre-Columbia, Oceanic and American Indian civilizations, Medieval and Renaissance paintings from Europe and a wide selection of art from Europe and America since 1700.

On March 25, 1974, the Downtown Gallery of the IMA opened on the second floor of the American Fletcher National Bank on the Circle. Open during banking hours, Monday through Friday, here a series of exhibitions can be found along with information about museum programs and tickets for museum events.

In its May/June Newsletter (1974) the museum announced that the LOVE sculpture will be dedicated formally as a memorial to Henry F. DeBoest, a retired Eli Lilly and Company executive who was serving as president and chairman of the Board of Trustees of the Art Museum at the time of his death in an auto accident last year.

Approved Hospitals in Indiana*

April 1, 1974

****INDICATES APPROVED MEDICARE HOSPITAL**

ADAMS COUNTY

****Adams County Memorial Hospital**
805 High Street, Decatur 46733
Mr. Edwin H. Kauffman, Adm.
Beds: 87

ALLEN COUNTY

****Irene Byron Hospital**
12515 Lima Rd., R.R. 13, Fort Wayne
Mr. Thomas Katsanis, Adm.
Beds: 49

****The Lutheran Hospital of Fort Wayne**
3024 Fairfield Ave., Fort Wayne
Mr. Edgar C. Kruse, Adm.
Beds: 492

****Parkview Memorial Hospital, Inc.**
2200 Randalia Dr., Fort Wayne
Mr. Mark Slen, Adm.
Beds: 596

****St. Joseph's Hospital of Fort Wayne, Inc.**
700 Broadway, Fort Wayne
Sister M. Kathleen Quinn, Adm.
Beds: 412

BARTHOLOMEW COUNTY

****Bartholomew County Hospital**
2400 East 17th St., Columbus
Mr. Robert S. Borczon, Adm.
Beds: 253

BLACKFORD COUNTY

****Blackford County Hospital**
503 E. Van Cleve St., Hartford City
Mr. Warren O. Phemister, Adm.
Beds: 47

BOONE COUNTY

****Witham Memorial Hospital**
1124 N. Lebanon St., Lebanon
Mr. John B. Riekena, Adm.
Beds: 83

CASS COUNTY

****Memorial Hospital**
1101 Michigan Ave., Logansport
Mr. Herbert L. Fromm, Adm.
Beds: 135

****St. Joseph Hospital**
26th and North Sts., Logansport
Sister M. Vincetta Traffas, Adm.
Beds: 87

CLARK COUNTY

****Clark County Memorial Hospital**
1220 Missouri Ave., Jeffersonville
Mr. Benedict Hesen, Adm.
Beds: 240

CLAY COUNTY

****Clay County Hospital**
1206 E. National Ave., Brazil
Mr. Richard G. Shedd, Adm.
Beds: 107

CLINTON COUNTY

****Clinton County Hospital**
1300 S. Jackson St., Frankfort
Mr. William Russell, Adm.
Beds: 83

DAVIESS COUNTY

****Daviess County Hospital**
1314 Grand Ave., Washington
Mr. William D. Gibson, Adm.
Beds: 135

DEARBORN COUNTY

****Dearborn County Hospital**
600 Wilson Creek Rd., Lawrenceburg
Mr. Homer W. Connor, Adm.
Beds: 113

DECATUR COUNTY

****Decatur County Memorial Hospital**
720 N. Lincoln St., Greensburg
Mr. Jack A. Peters, Adm.
Beds: 84

DEKALB COUNTY

****DeKalb Memorial Hospital, Inc.**
East Seventh St., Auburn
Mr. L. C. Baker, Adm.
Beds: 87

****Garrett Community Hospital, Inc.**
1367 S. Randolph St., Garrett
Mr. Richard J. Hollis, Adm.
Beds: 39

DELAWARE COUNTY

****Ball Memorial Hospital**
2401 University Ave., Muncie
Mr. Roy Erickson, Pres.
Beds: 556

DUBOIS COUNTY

****Memorial Hospital**
(Little Company of Mary of Indiana, Inc.)
800 West 9th St., Jasper
Mr. Herman A. Kohlman, Adm.
Beds: 135

***Approved by the Indiana Council for Hospital Licensure and the Indiana State Board of Health.**

**St. Joseph's Hospital
Leland Heights, Huntingburg
Mr. Norman Wright, Adm.
Beds: 87

ELKHART COUNTY

**Elkhart General Hospital
600 East Boulevard, Elkhart
Mr. John H. Tallmadge, Pres.
Beds: 284

**Goshen General Hospital
200 High Park Avenue, Goshen
Mr. John H. Shephard, Adm.
Beds: 166

FAYETTE COUNTY

**Fayette Memorial Hospital
1941 Virginia Ave., Connersville
Mr. Paul Strube, Adm.
Beds: 112

FLOYD COUNTY

**Memorial Hospital
1850 State St., New Albany
Mr. William I. Fender, Jr., Adm.
Beds: 260

FULTON COUNTY

**Woodlawn Hospital
624 Pontiac St., Rochester
Mr. Donald J. Logue, Adm.
Beds: 46

GIBSON COUNTY

**Gibson General Hospital
1808 Sherman Drive, Princeton
Mr. Howard F. Vire, Adm.
Beds: 118

**Wirth Osteopathic Hospital
Highway 64, West, Oakland City
Mr. Mark B. Gabriel, Adm.
Beds: 35

GRANT COUNTY

**Marion General Hospital
Wabash and Euclid, Marion
Mr. John W. Green, Adm.
Beds: 292

GREENE COUNTY

**Freeman Greene County Hospital
410 "A" St., N.E., Linton
Mr. Malcolm M. Clippinger, Adm.
Beds: 76

HAMILTON COUNTY

**Riverview Hospital
395 Westfield Rd., Noblesville
Mr. Peter R. Mariani, Adm.
Beds: 156

HANCOCK COUNTY

**Hancock County Memorial Hospital
800 North State Street, Greenfield
Mr. C. L. Morris, Adm.
Beds: 120

HARRISON COUNTY

**Harrison County Hospital
R. R. 4, Box 75, Corydon
Mr. John T. Vie, Adm.
Beds: 49

HENDRICKS COUNTY

**Hendricks County Hospital
1000 E. Main St., Danville
Mr. Harry T. Haver, Jr., Adm.
Beds: 127

HENRY COUNTY

**Henry County Memorial Hospital
1000 N. 16th, New Castle
Mr. Norman D. Penick, Adm.
Beds: 194

HOWARD COUNTY

**Howard Community Hospital
3500 S. LaFountain St., Kokomo
Mr. George R. Banjak, Adm.
Beds: 193

**St. Joseph Memorial Hospital
1907 W. Sycamore St., Kokomo
Sister M. Martin C.S.J., Adm.
Beds: 252

HUNTINGTON COUNTY

**Huntington County Hospital
1215 Etna Ave., Huntington
Mr. Leigh E. Morris, Exec. Dir.
Beds: 95

JACKSON COUNTY

**Jackson County Schneck Memorial Hospital
200 S. Walnut St., Seymour
Mr. George H. James, Jr., Adm.
Beds: 175

JASPER COUNTY

**Jasper County Hospital
Highway 114 East, Rensselaer 47978
Mr. Jack M. Corey, Adm.
Beds: 58

JAY COUNTY

**Jay County Hospital
505 W. Arch St., Portland
Mr. Warren Phemister, Adm.
Beds: 113

JEFFERSON COUNTY

**The King's Daughters' Hospital
112 Presbyterian Ave., Madison
Mr. W. A. McAlexander, Adm.
Beds: 130

JOHNSON COUNTY

Indiana Masonic Home Hospital
690 South State St., Franklin
Mr. Harold Miller, Jr., Supt.
Beds: 197

****Johnson County Memorial Hospital**
P.O. Box 368, Franklin
Mr. George P. Goshorn, Adm.
Beds: 184

KNOX COUNTY

****Good Samaritan Hospital**
520 S. Seventh St., Vincennes
Mr. Charles Arends, Adm.
Beds: 316

KOSCIUSKO COUNTY

****Murphy Medical Center**
101 W. Winona Ave., Warsaw
Mr. Robert A. Berryman, Adm.
Beds: 76

LAGRANGE COUNTY

****LaGrange County Hospital**
Townline Road
Mr. Philip Bir, Adm.
Beds: 73

LAKE COUNTY

****James O. Parramore Hospital** (License Pending)
2600 West 93rd Ave., Crown Point
Peter E. Gutierrez, Adm.
Beds: 66

****Our Lady of Mercy Hospital**
U. S. Highway 30, Dyer
Sister Mary Marcia Wilhelmi, R.S.M., Adm.
Beds: 296

****St. Catherine Hospital of East Chicago**
4321 Fir St., East Chicago
Sister M. Stephen Brueggeman, Adm.
Beds: 406

****St. Margaret Hospital**
25 Douglas St., Hammond
Sister M. Doris Hodges, O.S.F., Adm.
Beds: 475

****St. Mary Mercy Hospital of Gary, Inc.**
540 Tyler St., Gary
Mr. Paul R. Kaiser
Beds: 410

****St. Mary Mercy Hospital of Gary, Inc.**
1500 S. Lake Park Ave., Hobart 46342
Mr. Paul R. Kaiser, Adm.
Beds: 159

****The Methodist Hospital of Gary, Inc.**
600 Grant Street, Gary
Everett A. Johnson, Ph.D., Adm.
Beds: 400

****The Community Hospital**
(Munster Medical Research Foundation)
901 MacArthur Blvd., Munster 46321
Mr. Edward P. Robinson, Adm.
Beds: 104

LAPORTE COUNTY

****LaPorte Hospital, Inc.**
1007 Lincolnway, LaPorte
Mr. David D. Kramer, Adm.
Beds: 213

****Memorial Hospital of Michigan City**
5th and Pine Sts., Michigan City
Mr. Frederick H. Kerr, Adm.
Beds: 99

****St. Anthony Hospital**
301 W. Homer St., Michigan City
Sister Mary A. Zinselmeyer, Adm.
Beds: 194

****Walters Hospital Foundation, Inc.**
3714 S. Franklin St., Michigan City
Mr. Richard W. Bartnik, Adm.
Beds: 90

LAWRENCE COUNTY

****Bedford Medical Center**
2900 W. 16th Street, Bedford 47421
Mr. Donald W. Dodds, Adm.
Beds: 117

****Dunn Memorial Hospital**
1616 23rd St., Bedford
Mr. Maurice L. Gray, Adm.
Beds: 131

MADISON COUNTY

****Community Hospital of Anderson and Madison County**
1515 N. Madison Ave., Anderson
Mr. Paul H. Ward, Jr., Adm.
Beds: 201

****Mercy Hospital, Inc.**
1331 South "A" St., Elwood
Mr. Edward J. Tapek, Adm.
Beds: 67

****St. Johns' Hickey Memorial Hospital**
2015 Jackson, Anderson
Sister Mary Brooks, Adm.
Beds: 340

MARION COUNTY

****Community Hospital of Indianapolis, Inc.**
1500 N. Ritter Ave., Indianapolis
Allen M. Hicks, Pres.
Beds: 652

****Indiana University Hospital**
1100 W. Michigan St., Indianapolis
Mr. Robert C. Terrill, Dir.
Beds: 570

****Marion County General Hospital**
960 Locke St., Indianapolis
Arvine G. Popplewell, M.D., Dir. and Supt.
Mr. Robert C. Kidd II, Adm.
Beds: 675

****Methodist Hospital of Indiana, Inc.**
1604 N. Capitol Ave., Indianapolis
Mr. Jack A. L. Hahn, President
Mr. John R. Mote, Vice Pres., Administration Beds: 1,068

**St. Francis Hospital Center
1600 Albany St., Beech Grove 46107
Sister M. Sponsaria, O.S.F. Exec. Dir.
Mr. Don D. Hamachek, Adm.
Beds: 528

**St. Vincent Hospital
2001 W. 86th St., Indianapolis 46260
Sister Carlos McDonnell, Adm.
Beds: 508

**University Heights Hospital, Inc.
3350 Carson Ave., Indianapolis
Mr. Raymond E. Laughlin, Adm.
Beds: 120

**Winona Memorial Hospital
3232 N. Meridian St., Indianapolis
Bryon L. Steger, M.D., Exec. Vice Pres.
Beds: 401

MARSHALL COUNTY

**Community Hospital of German Township, Inc.
411 W. Grant St., Bremen
Mr. Robert Moat, Adm.
Beds: 19

**Marshall County Parkview Hospital
1401 N. Michigan St., Plymouth
Miss Lela Diefenbaugh, R.N., Adm.
Beds: 76

MIAMI COUNTY

**Dukes Memorial Hospital
275 West 12th St., Peru
Mr. Robert L. Allman, Adm.
Beds: 98

MONROE COUNTY

**Bloomington Hospital
605-625 W. Second St., Bloomington
Mr. Roland E. Kohr, Adm.
Beds: 305

MONTGOMERY COUNTY

**Montgomery County Culver Union Hospital
308 Binford St., Crawfordsville
Mr. William Stoltz, Adm.
Beds: 147

MORGAN COUNTY

**Kendrick Memorial Hospital, Inc.
1201 Hadley Road, Mooresville
Mrs. Louise D. Swisher, Adm.
Beds: 40

**Morgan County Memorial Hospital
2209 John R. Wooden Dr., Martinsville
Mr. Ernest Baughman, Adm.
Beds: 123

NEWTON COUNTY

**George Ade Memorial Hospital
Brook, Ind.
Mr. F. W. Schwerin, Adm.
Beds: 63

NOBLE COUNTY

**McCray Memorial Hospital
Hospital Drive, Kendallville
Mr. Dale D. Cochard, Adm.
Beds: 72

ORANGE COUNTY

**Orange County Hospital
Sandy Hook Road, Paoli
Mr. W. Lavelle Garritson, Adm.
Beds: 66

PERRY COUNTY

**Perry County Memorial Hospital
Box H. Tell City
Mr. U. J. Bender, Adm.
Beds: 55

PORTER COUNTY

**Porter Memorial Hospital
814 LaPorte Ave., Valparaiso
Mr. Arthur S. Malasto, Adm.
Beds: 340

PULASKI COUNTY

**Pulaski Memorial Hospital
616 East 13th St., Winamac
Mr. Theodore H. Kittell, Adm.
Beds: 39

PUTNAM COUNTY

**Putnam County Hospital
330 Greenwood Ave., Greencastle
Mr. Frank C. Baker, Adm.
Beds: 79

RANDOLPH COUNTY

**Randolph County Hospital
Greenville Ave., Winchester
Mr. Maurice Hutcherson, Adm.
Beds: 71

**Union City Memorial Hospital Association
900 N. Columbia St., Union City
Mr. Lacy C. Barnett, Adm.
Beds: 50

RIPLEY COUNTY

**Margaret Mary Community Hospital
R. R. 3, Batesville
Mr. Wilbur L. Mauzy, Adm.
Beds: 115

RUSH COUNTY

**Rush Memorial Hospital
1300 N. Main St., Rushville
Mr. Edward Kucinski, Adm.
Beds: 79

ST. JOSEPH COUNTY

**Healthwin Hospital
20531 West Darden Road, South Bend
Mr. Donald F. Henry, Adm.
Beds: 127

**Memorial Hospital of South Bend
615 N. Michigan St., South Bend
Mr. Richard W. Trenkner, Adm.

Beds: 526

**St. Joseph Hospital of Mishawaka
215 W. 4th St., Mishawaka
Sister M. Maureen Freihage, Adm.

Beds: 117

**St. Joseph's Hospital
311 E. Madison St., South Bend
Sister Margo Cain, Adm.

Beds: 334

**South Bend Osteopathic Hospital
2515 E. Jefferson Blvd., South Bend
A. F. Kull, D.O., President
Mr. John E. Pasch, Adm.

Beds: 105

SCOTT COUNTY

**Scott County Memorial Hospital
R.R. 1, Box 19, Scottsburg
Mr. M. Kenneth Mumford, Adm.

Beds: 62

SHELBY COUNTY

**William S. Major Hospital
150 W. Washington St., Shelbyville
Mr. John R. Webb, Adm.

Beds: 94

STARKE COUNTY

**Starke Memorial Hospital
102 E. Culver Road, Knox
Mr. James W. Gordon, Adm.

Beds: 77

STEUBEN COUNTY

**Cameron Memorial Community Hospital
416 E. Maumee, Angola
Mr. Ronald D. Showalter, Adm.

Beds: 76

SULLIVAN COUNTY

**Mary Sherman Hospital
320 N. Section St., Sullivan
Mr. William H. Sluder, Adm.

Beds: 101

TIPPECANOE COUNTY

**Lafayette Home Hospital, Inc.
2400 E. South St., Lafayette
Mr. Franklin E. Simek, Adm.

Beds: 365

Purdue University Student Hospital
West Lafayette
Loyal W. Combs, M.D., Dir.

Beds: 54

**St. Elizabeth Hospital
1501 Hartford Street, Lafayette
Mr. Paul E. Hess, Adm.

Beds: 377

TIPTON COUNTY

**Tipton County Memorial Hospital
1000 South Main Street, Tipton
Mr. James C. Talley, Adm.

Beds: 114

VANDERBURGH COUNTY

**Deaconess Hospital, Inc.
600-700 Mary St., Evansville
Mr. David A. Johnson, Adm.

Beds: 583

**St. Mary's Hospital, Inc.
3700 Washington Ave., Evansville
Sister Theresa Peck, Adm.

Beds: 421

**Welborn Memorial Baptist Hospital, Inc.
412 S.E. 4th St., Evansville
Mr. Nolan R. Lackey, Pres.

Beds: 487

VERMILLION COUNTY

**Vermillion County Hospital
801 S. Main St., Clinton
Mr. Thomas Lester McGehee, Adm.

Beds: 57

VIGO COUNTY

**St. Anthony Hospital
1021 S. 6th St., Terre Haute
Mr. E. R. Gobreski, Adm.

Beds: 295

**Union Hospital, Inc.
1606 N. 7th St., Terre Haute
Mr. Frank Shelton, Adm.

Beds: 300

WABASH COUNTY

**Wabash County Hospital
670 N. East St., Wabash
Mr. Wayne Hendrix, Adm.

Beds: 149

WARREN COUNTY

**Community Hospital
412 N. Monroe St., Williamsport
Mrs. Norma Hillyer, R.N., Adm.

Beds: 35

WASHINGTON COUNTY

**Washington County Memorial Hospital
911 N. Shelby Street, Salem
Mr. Ralph W. Keyes, Adm.

Beds: 63

WAYNE COUNTY

**Reid Memorial Hospital
1401 Chester Blvd., Richmond
Mr. Kenneth R. Spoon, Adm.

Beds: 325

WELLS COUNTY

****Caylor-Nickel Hospital, Inc.**
309 S. Main St., Bluffton
Mr. Paul H. Neely, Adm.
Beds: 190

****Wells Community Hospital**
1100 S. Main St., Bluffton
Mr. Paul Bender, Adm.
Beds: 67

WHITE COUNTY

****White County Memorial Hospital**
1101 O'Conner Blvd., Monticello
Mr. William R. Saunders, Adm.
Beds: 47

WHITLEY COUNTY

****Whitley County Memorial Hospital**
353 N. Oak St., Columbia City
Mr. Robert L. McConnell, Adm.
Beds: 84

Ambulatory Outpatient Surgical Centers

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President: Eugene F. Senseny, M.D.

Fort Wayne Surgical Center, Inc., 1333 Maycrest Drive, Fort Wayne 46805
Executive Director: Mr. Robert O. King

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Community Centers for the Mentally Retarded*

ADAMS-WELLS COUNTY

Adams-Wells Association for Retarded Children, Inc.
R.R. 4, Bluffton 46714

ALLEN COUNTY

Allen County Association for the Retarded, Inc.
2542 Thompson Ave., Fort Wayne 46807

BARTHOLOMEW COUNTY

United Developmental Services, Inc.
1541 Hutchins, Columbus 47201
Opportunity Center, Inc.
1402 Hutchins Avenue, Columbus 47201

CASS COUNTY

Cass County Council for The Mentally Retarded, Inc.
1416 Woodlawn Ave., Logansport 46947

CLARK COUNTY

Council for Retarded Children of Clark County, Inc.
P.O. Box 486, Jeffersonville 47130

DAVIESS COUNTY

Daviess County Association for Retarded Children, Inc.
1412 Memorial Ave., Washington 47501

DEARBORN COUNTY

Community Mental Health-Mental Retardation Center, Inc.
285 Bielby Road, Lawrenceburg, 47025

DELAWARE COUNTY

Delaware County Council for Retarded Children, Inc.
2420 S. Mock—P.O. Box 848, Muncie 47305

PERRY COUNTY

Southern Indiana Retardation Services, Inc.
Box 285, Tell City 47586

ELKHART COUNTY

Elkhart County Association for the Retarded, Inc.
P.O. Box 398, Bristol 46507

FRANKLIN COUNTY

New Horizon Rehabilitation, Inc.
P. O. Box 98, Batesville 47006

FAYETTE-UNION COUNTIES

Fayette-Union Association for Retarded, Inc.
420 West 24th St., Connersville 47331

FLOYD COUNTY

Floyd County Council for the Retarded, Inc.
Shrader and Abby-Dell Aves., New Albany 47150

FULTON COUNTY

Fulton County Association for Retarded Children, Inc.
1229 Lakeshore Dr., Rochester 46975

GIBSON COUNTY

Gibson County Association for Retarded Children, Inc.
120 W. State St., Princeton 47670

GRANT COUNTY

Grant-Blackford Mental Retardation, Inc.
2715 S. Western Ave., Marion 46952

HAMILTON COUNTY

Hamilton County Association for Retarded Children, Inc.
P. O. Box 361, Noblesville 46060

HANCOCK COUNTY

Hancock County Association for Retarded Children, Inc.
802 North A Street, Greenfield 46140

HARRISON-ORANGE COUNTY

Harrison-Orange County Association for Retarded, Inc.
Palmyra 47164

HOWARD COUNTY

Howard County Association for the Education of Mentally Retarded Children, Inc.
1425 S. Plate, Kokomo 46901

HUNTINGTON COUNTY

Huntington County Association for Retarded Children, Inc.
P.O. Box 1001, Huntington 46750

JAY COUNTY

Jayland Workshop, Inc.
E. Water St., Portland 47371

JOHNSON COUNTY

Johnson County Association for the Parents and Friends of Retarded Children, Inc.
214 S. State St., Franklin 46131

KOSCIUSKO COUNTY

Council for the Retarded of Kosciusko County, Inc.
504 N. Bay Dr., Warsaw 46580

LaGRANGE COUNTY

LaGrange County Association for Retarded Children, Inc.
Box 192, Howe 46746

LAKE COUNTY

Lake County Association for Retarded Children, Inc.
2650 W. 35th Ave., Gary 46408

LAPORTE COUNTY

LaPorte County Sheltered Workshop
2608 Plum St., Michigan City 46360
Parents' Council for Handicapped and Retarded Children of LaPorte County, Inc.
3200 S. Cleveland Ave., Michigan City 46360

MADISON COUNTY

Madison County Association for Retarded Children, Inc.
P.O. Box 544, Anderson 46015

*Compiled by the Indiana Department on Mental Retardation, and Other Developmental Disabilities, 3989 Meadows Dr., Suite 1, Indianapolis 46205.

MARION COUNTY

Marion County Association for Retarded Children, Inc.
2400 N. Tibbs Ave., Indianapolis 46222

MARSHALL-STARKE COUNTIES

Marshall-Starke Development Center, Inc.
R. R. 1 Knox 46534

MONROE COUNTY

Stonebelt Council for Retarded Children, Inc.
2815 E. 10th, Bloomington 47401

MONTGOMERY COUNTY

A. C. A. P. A. L.
302 E. Market, Crawfordsville 47933

MORGAN COUNTY

Morgan County Association for Retarded Children, Inc.
P.O. Box 484, Martinsville 46151

NOBLE COUNTY

Noble County Association for Retarded Citizens, Inc.
205 East Highland Street, Albion 46701

ORANGE COUNTY

Orange County Association for Retarded Children, Inc.
P.O. Box 143, Paoli 47454

PARKE COUNTY

Child-Adult Retardation Services, Inc.
P.O. Box 96, Rockville 47872

PULASKI COUNTY

Pulaski County Council for Retarded & Exceptional Persons, Inc.
R.R. 2, Winamac 46996

STEUBEN COUNTY

Community Sheltered Workshop of Steuben County, Inc.
Angola 46703

ST. JOSEPH COUNTY

Council for the Retarded of St. Joseph County, Inc.
1235 N. Eddy St., South Bend 46617

SULLIVAN COUNTY

Sullivan County Association for Retarded Children, Inc.
501 North Hartley Street, Sullivan 47882

TIPPECANOE COUNTY

Wabash Center for the Mentally Retarded, Inc.
2000 Greenbush St., Lafayette 47904

VANDERBURGH COUNTY

Evansville Association for Retarded Children, Inc.
2029 Washington Ave., Evansville 47714

VIGO COUNTY

Katherine Hamilton Mental Health Center, Inc.
620 8th Avenue, Terre Haute 47807

WABASH COUNTY

Wabash County Council for Mentally Retarded and Vocationally Handicapped, Inc.
P. O. Box 400, Wabash 46992

WAYNE COUNTY

Wayne County Council for Retarded Children, Inc.
800 Mendleson Dr., Richmond 47374

WHITE COUNTY

Comprehensive Association for Retarded Children, Inc.
104 West South Street, Monticello 47960

Federally Approved Rehabilitation Centers in Indiana

CLARK COUNTY

Southeastern Indiana Rehabilitation Center, Inc.
1329 Applegate Lane
Clarksville, 47130

ELKHART COUNTY

The Rehabilitation Center
702 Williams Street
Elkhart 46514

MARION COUNTY

Crossroads Rehabilitation Center
3242 Sutherland Avenue
Indianapolis 46205

VANDERBURGH COUNTY

The Rehabilitation Center, Inc.
3701 Bellemeade Avenue
Evansville 47715

Federally Approved Home Health Services Agencies in Indiana

ALLEN COUNTY

Visiting Nurses Service of Fort Wayne, Inc.
227 E. Washington Blvd., Fort Wayne

BARTHOLOMEW COUNTY

Bartholomew County Health Department Home Health Service
2402 East 17th St., Columbus

CASS COUNTY

Home Care Program of Memorial Hospital
1101 Michigan Ave., Logansport

CRAWFORD COUNTY

Crawford County Community Health & Homemaker Service
Court House, English

DELAWARE COUNTY

Visiting Nurse Association, Inc.
2500 Bethel Avenue, Muncie

ELKHART COUNTY

Nursing Division, Elkhart County Health Unit
313 N. Second St., Elkhart

GRANT COUNTY

Grant County Visiting Nurse Association, Inc.
116 Cherry St., Marion

HANCOCK COUNTY

East Side Home Care
R. R. #7, Box 13, Greenfield

JACKSON COUNTY

Home Health Care Division, Jackson County Department of Health, Jackson County Hospital
Poplar & Bruce Streets, Seymour

JEFFERSON COUNTY

Home Health Division, Jefferson County Health Dept.
608 Broadway, Madison

JOHNSON COUNTY

Division of Nursing, Johnson County Health Dept.
Court House, Franklin

LAKE COUNTY

Home Care Department, Lake County Health Dept.
209 W. Joliet St., Crown Point

Home Nursing Service
United Health Program
United Community Chest, Inc.
111 Sibley St., Hammond

Northwest Indiana Home Health Services
Visiting Nurse Association, Inc.
3442-170th St., Hammond

LAPORTE COUNTY

Visiting Nurses Association of LaPorte County, Inc.
717 Franklin St., Room 232, Michigan City

MARION COUNTY

Visiting Nurse Association, Inc.
615 N. Alabama St., Indianapolis

Home Care Agency of Marion County
3190 N. Meridian St., Indianapolis

MARSHALL COUNTY

Home Health Division, Marshall County Health Dept.
Court House, Plymouth

MONROE COUNTY

Public Health Nursing Assn. of Bloomington & Monroe County, Inc.
315 W. Dodds St., Bloomington

PORTER COUNTY

Visiting Nurse Association of Porter County, Inc.
2304 North Calumet, Valparaiso

RUSH COUNTY

Rush County Home Health Services
Rush County Public Health Dept.
Courthouse, Room 5, Rushville

ST. JOSEPH COUNTY

Visiting Nurses Assn. of St. Joseph County, Inc.
321 Lincolnway West, South Bend

SCOTT COUNTY

Home Care Division, Scott County Health Department
R.R. 2, Scottsburg

SULLIVAN COUNTY

Home Care Agency, Mary Sherman Hospital
320 North Section Street, Sullivan

TIPPECANOE COUNTY

Visiting Nursing Service of Lafayette, Inc.
1114 State St., Lafayette

VANDERBURGH COUNTY

Visiting Nurse Association of Southwestern Indiana, Inc.
120 S.E. First St., Evansville

VIGO COUNTY

Visiting Nurse Assn. of Terre Haute, Inc.
328 S. Fifth St., Terre Haute

WAYNE COUNTY

Wayne County Health Department
15 N. Tenth St., Richmond

Medicare Approved Independent Clinical Laboratories–1974

ALLEN COUNTY

Ft. Wayne Medical Laboratory
519 Medical Center Building
347 W. Berry St.
Ft. Wayne 46802

New Haven Medical Laboratory
1010 Werling Road
New Haven 46774

Chem-Tech Laboratories, Inc.
1520 Progress Road, Fort Wayne 46808

CLARK COUNTY

Jeffersonville Clinical Laboratory
201 E. Market St.
Jeffersonville 47130

Physician's Precision Automated Laboratories, Inc.
3408 Industrial Parkway
Jeffersonville 47130

ELKHART COUNTY

Valley Tech Laboratories, Inc.
1400 West Indiana Avenue
Elkhart 46514

GREENE COUNTY

Haag Medical Laboratory
120 E. Vincennes St.
Linton 47441

HAMILTON COUNTY

Foster-Muller-Sullivan-Card Medical Laboratory
79 First Ave., S.W.
Carmel 46032

JOHNSON COUNTY

Greenwood Clinical Laboratory, Inc.
360 S. Madison Ave.
Greenwood 46142

KNOX COUNTY

Vincennes Doctors' Laboratory
704 Vigo St.
Vincennes 47591

LAKE COUNTY

Crown Point Clinical Laboratory
113 N. Court St.
Crown Point 46307

Lake Ridge Medical Laboratory, Inc.
1573 N. Cline Ave.
Griffith 46319

Gary Clinical Laboratory
504 Broadway
Gary 46402

Gary Medical Center Clinical Laboratories
3290 Grant St.
Gary 46408

Diagnostic Laboratory
3275 Broadway
Gary 46409

LAPORTE COUNTY

Pathology Consultants, Inc.
1701 Buffalo St.
Michigan City 46360

MADISON COUNTY

Anderson Medical Laboratories, Inc.
121 W. 12th St.
Anderson 46016

MARION COUNTY

Consolidated Biomedical Laboratories, Inc.
3266 N. Meridian St.
Indianapolis 46208

Indianapolis Medical Laboratory, Inc.
8501 Zionsville Rd.
Indianapolis 46268

Irvington Medical Laboratory
6051 E. Washington St.
Indianapolis 46219

Madison Village Laboratory
7210 Madison Ave.
Indianapolis 46227

Meridian Laboratory
3120 N. Meridian St.
Indianapolis 46208

Mershon Medical Laboratories
3855 E. 10th St.
Indianapolis 46201

Mershon Medical Laboratories
3600 W. 16th St.
Indianapolis 46222

Mershon Medical Laboratories
4230 S. Madison Ave.
Indianapolis 46227

Medical Laboratory of Drs. Thornton, Haymond, Costin, Buehl
301 E. 38th St.
Indianapolis 46205

ST. JOSEPH COUNTY

Medical Arts Laboratory
303 S. Main St.
Mishawaka 46544

South Bend Medical Foundation, Inc.
531 N. Main St.
South Bend 46601

TIPPECANOE COUNTY

Physicians Clinical Laboratory, Inc.
2500 Ferry St.
Lafayette 47904

VANDERBURGH COUNTY

Francis W. Porro, M.D., Clinical Laboratory
3700 Bellemeade Ave., Suite 119
Evansville 47715

Mid-America Pathology Service, Inc.
P.O. Box 138
3700 Bellemeade Ave.
Evansville 47701

Pathology Laboratory Service
611 Harriet St.
Evansville 47710

VIGO COUNTY

Valley Medical Laboratory
465 S. 25th St.
Terre Haute 47803

WAYNE COUNTY

Richmond Clinical Pathology Laboratory
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Richmond 47374



For the treatment of impotence due to androgenic deficiency in the male.

DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Postpuberal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250.

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Medical Records Technology
Operating Room Technician
Practical Nursing
Respiratory Therapy Technician

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1534 West Sample St.
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Operating Room Technician
Practical Nursing

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616 Wabash Ave.,
Lafayette 47905
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Dental Assistant
Emergency Care Technician
Medical Assistant
Operating Room Technician
Practical Nursing
Respiratory Therapy Technician

KOKOMO

3717 South Reed Rd.,
Kokomo 46901
Offers courses to prepare:
Medical Assistant

MUNCIE

1300 South Liberty St.,
Muncie 47302
Offers courses to prepare:
Medical Assistant

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Practical Nursing
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710 Northwest 5th St.
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Clinical Laboratory Technology
Practical Nursing
Respiratory Therapy Technician

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646 Franklin St.
Columbus 47201
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April, 1974

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Marion County General Hospital	Indianapolis	Mrs. Thelma Richardson, R.N.	46202
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X Holy Cross	South Bend	Miss Grace T. Newrock, R.N.	46622
Memorial Hospital	South Bend	Miss Irene M. Kardasen, R.N.	46601
X St. Anthony Hospital	Terre Haute	Sister M. Alvera, R.N.	47807

X — Not admitting students

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1812 N. Capitol	Indianapolis	Mrs. Catherine M. Friddle, R.N., Director	46202
Indiana University (IUPUI)			
1100 W. Michigan St.	Indianapolis	Mrs. Elizabeth Grossman, R.N., Dean	46202
Marion College Dept. of Nursing	Marion	Miss Wilma Jean Jackson, R.N.	46952
Ball State University			
Dept. of Nursing	Muncie	Miss Helen J. Berry, R.N., Head	47306
* Saint Mary's College Dept. of Nursing	Notre Dame	Mary Elizabeth Martucci, R.N., Chairman	46556
Indiana State University	Terre Haute	Mrs. Harriet O. Reeves, R.N., Dean	47809
Valparaiso University			
College of Nursing	Valparaiso	Mrs. Dorothy Paulsen Smith, R.N., Dean	46383

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I.U.P.U.I., 1100 W. Michigan St.	Indianapolis	Miss Margaret Applegate, R.N.	46202
I.U. Southeast, Div. of Nursing			
4201 Grant Line Road			
P.O. Box 679	New Albany	Mrs. Helen Baumann, R.N.	47150
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Lafayette Campus,			
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Vincennes University	Vincennes	Miss Martha Lee Godare, R.N.	47591

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Indiana Accredited Programs in Practical Nursing

April, 1974

School or Program		Director, School or Program
Anderson School of Practical Nursing Anderson Community Schools 325 W. 38th St., Anderson	46014	Mrs. Virginia Blakeley, R.N., Director
Indiana Vocational Technical College Schools of Practical Nursing		
Region 10, 619 W. 1st St., Bloomington	47401	Mrs. Dorothy Wray, R.N.
Region 10, 2518 E. 17th St., Columbus	47201	Mrs. Margaret Watson, R.N.
Region 4, 2316 South St., Lafayette	47904	Mrs. Elizabeth J. Laws, R.N.
Region 1, 1511 Wabash St., Mich. City	46360	Miss Virginia Melevage, R.N.
Region 9, Reid Memorial Hosp. 1401 Chester Blvd., Richmond	47374	Mrs. Joan Esarey, R.N.
Region 2, 1534 W. Sample St., S. Bend	46619	Miss Dorothy Bupp, R.N., Dept. Chairman
Region 7, R. R. #22, Box 450, T. Haute	47802	Miss Betty Beauchamp, R.N., Chairman Life Sciences
Evansville School of Practical Nursing Evansville-Vanderburgh School Corp., 1900 Stringtown Road, Evansville	47711	Miss Joyce Stevens, R.N., Coordinator
School of Practical Nursing Fort Wayne Community Schools, 1200 South Barr, Fort Wayne	46802	George F. Walls, R.N., Coordinator Health Occupations
Purdue Practical Nurse Training Program Purdue Univ., Calumet Campus, Hammond 2233-171st Street	46323	Mrs. Leona Peterson, R.N., Coordinator
School of Practical Nursing Indianapolis Public Schools 26 N. Arsenal Ave., Indianapolis	46201	Mrs. Marguerite F. Clark, R.N., Director
*Metropolitan School District of Washington Twp. J. Everett Light Career Center 1901 E. 86th St., Indianapolis	46240	Mrs. Kathrina Van denHaak, R.N.
Kokomo School of Practical Nursing Kokomo-Center Twp. Cons. Sch. Corp., 1104 N. Bell, Kokomo	46901	Mrs. Geraldine Huber, R.N., Director-Coordinator
Marion Community School of Practical Nursing Tucker Area Career Center 750 W. 26th St., Marion	46952	Mrs. Esther Fritts, R.N., Instructor-Supervisor
Muncie School of Practical Nursing Ball Memorial Hospital 2300 West Gilbert Street, Muncie	47303	Mrs. Norma Lewis, R.N., Director
New Albany School of Practical Nursing New Albany-Floyd Co. Cons. Sch. Corp. 4202 Charlestown Rd., New Albany	47150	Mrs. Phyllis Thacker, R.N., Director-Instructor
Vincennes University Practical Nurse Program, Vincennes	47591	Mrs. Marjorie R. Miller, R.N., Director

* Furnished by INDIANA STATE BOARD OF NURSES' REGISTRATION AND NURSING EDUCATION, 100 North Senate Avenue, Room 1018, Indianapolis, Indiana 46204 ◄

Packaged Disaster Hospitals—Storage Locations

The 38 packaged disaster hospitals in Indiana were placed in their various locations by the U. S. Public Health Service in cooperation with the State Board of Health and the Indiana Department of Civil Defense.

Originally designed for use following a nuclear disaster which would result in a large percentage of existing hospitals being untenantable for a period, the packaged disaster hospitals would not be feasible for use in small, local disasters. However, under certain circumstances, the decision might be made to use the expendable components in existing facilities.

Location	*Hospital No.
Bloomington Geology Building Indiana University	57558
Culver Culver Military Academy Health Center Building	57301
Decatur City Garage Park & Third Streets	62273
Donaldson Convent Ancilla Domini Main Building	62348
Fort Wayne U. S. Court House & Post Office 1300 S. Harrison Street	62434
Frankfort Frankfort Jr. H.S. (Stone Building) East Walnut Street	57300
Gary Relocation of Government & Civil Defense Training Center 2702 West 35th Street	62345
Goshen Rensberger Elem. School	62274
Greensburg Old National Guard Armory North & Lincoln Streets	9999-010-1621
Henryville Clark State Forest Maintenance Building Huntington Water Filtration Plant Trailer and City Building	56008
Kendallville Civil Defense Building 200 Block, West Vine St.	57556
Kokomo Howard County Civil Defense 627 S. Berkley Road	55247
Lafayette St. Elizabeth Hospital 1501 Hartford Street	9999-010-1622
Lebanon Boone County Jail 210 N. Meridian St.	57550
Logansport Logansport State Hospital "R" and "S" Building	57548, 57549
Lynn City Library Building North Main St.	57322
Madison Madison State Hospital Men's Industrial Building	57547, 62445
Michigan City Walters Hospital, Inc. 3714 South Franklin Street	9999-010-0352
Michigan City Naval Armory	62423
Monticello Lakeview Home Rural Route 6	57308
Mt. Vernon Coliseum	55248
Muncie Noyer Residence Hall Ball State University	62271
New Albany City Sanitation Plant	62352
New Castle New Castle State Hospital P.O. Box 34	57551
Peru Court House	55373
Pleasant Lake Pleasant Lake School State Road 727	57557
Portland City Water Works South Wayne Street	62347
Shelbyville U. S. Post Office East Broadway	9999-010-0384
South Bend North Pumping Station 830 North Michigan Street	62272
Terre Haute Vigo County Home 3500 East Maple Avenue	57295
Tipton Old Elec. Utility Bldg. & Tipton High School (R.R. 1)	55369
Valparaiso Porter County Storage Building Rural Route 6	62437
Vincennes Old Sewage Treatment Plant Rural Route 2, Box 268	55222
Westville Dr. Norman M. Beatty Memorial Hospital Storage Room No. 1 "D" Building	57568
Westville Dr. Norman M. Beatty Memorial Hospital Storage Room No. 2 "D" Building	57569

TRAINING HOSPITALS

Indianapolis
Marion County Civil Defense
Poseyville
Posey County Civil Defense ◄

*First two digits of Hospital No. refer to Year Model. Last three digits constitute Serial Number. Eleven digit number indicates a new, "10,000 Series" unit.

DISEASE PREVENTION by Immunization and Chemoprophylaxis*

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Cholera	Cholera Vaccine	Travelers vaccinated in the United States require only one dose of cholera vaccine (dose number one in table at right) and should receive the second dose only if they will be traveling or working in areas where cholera is epidemic or endemic and sanitation is less than adequate.	Dose Number / Age (years) Under 5 / 5-10 / Over 10: 1 — 0.1 ml / 0.3 ml / 0.5 ml; 2 — 0.3 ml / 0.5 ml / 1.0 ml	Active	6 months	Should be given every six months as long as likelihood of exposure exists. Same volume as does number two of primary series.
Diphtheria	Diphtheria Antitoxin	All early cases	Intravenous preferred. Warning: Test for sensitivity to horse serum. Dosage dependent on degree of toxicity rather than age and weight. 20,000 units to 120,000 units.	Passive	Short	Additional antitoxin given dependent upon illness and toxicity.
Diphtheria	Diphtheria toxoid (alum precipitated or aluminum phosphate adsorbed, for adult use, 2 Lf of antigen).	Children and adults. Use only when there are definite contraindications to other components of combined antigen (DPT or Td).	Two intramuscular injections of 0.5 cc. each, four to six weeks apart and third dose one year later.	Active	Indefinite	0.5 cc. every 10 years.
Diphtheria	Diphtheria-Pertussis-Tetanus alum precipitated or aluminum hydroxide (or aluminum phosphate) adsorbed diphtheria and tetanus toxoids; containing 12 protective antigenic units of vaccine per 1.5 cc. (DPT)	Children two months through six years.	Three intramuscular injections of 0.5 cc each, one month apart followed by reinforcing dose one year after third dose. Series should begin at 6 weeks to 3 months of age.	Active	Indefinite	D. P. T. booster of 0.5 cc. at 3-6 years. (Preferably at time of school entrance—kindergarten or elementary school.)
Diphtheria	Tetanus and Diphtheria Toxoids, adult type (Td-containing 2 Lf of diphtheria toxoid).	Children and adults (Diphtheria-Pertussis-Tetanus combination is preferred for children under 6 years of age, except when pertussis component contraindicated.)	Primary immunization: (1) First dose of 0.5 cc. IM or subcu (2) Second dose of 0.5 cc. IM or subcu 4-6 weeks later. (3) Reinforcing dose one year after (2)	Active	Indefinite	Diphtheria Tetanus (Td) booster every 10 years.
Hepatitis, Infectious (Type A)	Immune Serum Globulin (Gamma Globulin)	All exposed in household, institution, etc.	Dosage: 0.01 cc. per pound of body weight. Given intramuscularly.	Passive	Brief	Repeat each exposure

Influenza	Polyvalent Vaccine (Subject to annual changes in recommendations late summer or fall)	Persons with chronic debilitating disease of heart and lungs and those with chronic metabolic disorders, especially diabetes mellitus. Consider for all older age persons, especially those with incipient or potentially chronic heart or lung disease.	Two doses subcutaneously 6 to 8 weeks apart	Active	Short: 4-6 months	One dose annually as long as antigenic strain of recommended vaccine remains unchanged. Change in antigenic strain necessitates primary series.
Measles	(1) Live, Attenuated Vaccine (with or without Measles Immune Globulin) (2) Live, "Further Attenuated" Vaccine	12 months and older	Single dose subcutaneously	Active	Greater than seven years. May be lifelong.	Not known at present
Mumps	Mumps Virus Vaccine, Live, Attenuated	Children 12 months or older Adults who have not had mumps	One dose subcutaneously	Active	Three years known—probably much longer	Not known at present
Meningococcic Meningitis	Minocycline	Intimate contacts of a case	Adults: 100-200 mg. orally every 12 hours for five days.	None Chemical prophylaxis only	Very brief—for one exposure only.	Repeat following each exposure.
	Rifampin	Same	Adults: 600 mg. orally once daily for five days. Children: Five years of age and older: 10-20 mg/kg, not to exceed 600 mg/day.			
	Sulfadiazine	Same: use only for proven sulfa-sensitive meningococcus	Twelve years of age or older: 1.0 gm twice daily for 2 days. Under 12 years of age: 0.5 gm twice daily for 2 days.			
Pertussis	Pertussis Vaccine saline suspended (See Double and Triple antigens under "Diphtheria")	Children during epidemic	A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units (0.5 cc.) given subcutaneously at intervals of one week.	Active	Indefinite	1 year after primary series, 2 years after primary series and then every three years to 6 or 7 years of age.
Pertussis	Pertussis Vaccine alum precipitated or aluminum hydroxide adsorbed (See Double and Triple antigens under "Diphtheria")	Routine immunization of infants when DPT is contraindicated	A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units each (0.5 cc.) injected intramuscularly at intervals of 4 to 6 weeks.	Active	Indefinite	18 months—3-4 years. 6-7 years usually given as DPT.
		Exposure Recall		Active	Indefinite	4 NIH units (0.5 cc.) saline suspension subcutaneously if child has not had immunization past 2 years.

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Plague	Plague Vaccine—a suspension of 2000 million killed Pasteurella per milliliter	Epidemics and areas with high endemic rate.	Dose No. / Age (years): Under 1 year / 1-4 / 5-10 / Over 10 1: 0.1 ml / 0.2 ml / 0.3 ml / 0.5 ml 2: 0.1 ml / 0.2 ml / 0.3 ml / 0.5 ml 3: 0.04 ml / 0.08 ml / 0.12 ml / 0.2 ml	Active	Partial protection for period of 4-6 mos.	Every 6-12 months as long as risk of exposure persists. Same volume as third dose of primary series.
Poliomyelitis*	Poliomyelitis (Salk) Vaccine	All Ages	Four parenteral doses; three at 1 month intervals; fourth 6-12 mo. after #3	Active	Not known (Salk has demonstrated adequate antibodies present after 8 years)	1 cc every 2-3 years Need for boosters obviated by full course of Oral Polio Vaccine
	Poliomyelitis trivalent oral (Sabin)	Infants Children Adults	First dose 6-12 weeks, 2nd dose 8 weeks later 3rd dose 8-12 months after 2nd. Children, two doses 6-8 weeks apart; third dose 8-12 months after second. Not necessary in U.S. but if at risk may be immunized as are children.	Active	Thought to be permanent	1 dose trivalent on entering school.
Rabies	Rabies—hyperimmune serum 1000 units per 40 pounds of body weight Rabies Vaccine 14-21 doses	Licks of abraded skin or mucosa by proven rabid, suspicious, escaped, killed or unknown animal	Hyperimmune serum within 24-72 hours of exposure. Follow within 24 hours with Rabies Vaccine.	Passive immunity from hyperimmune serum	Few weeks	Repeat initial dose hyperimmune serum, but not after beginning Rabies Vaccine series as serum will block antibody production. Booster 10th and 20th day after last dose vaccine.
		Bites of healthy animal, multiple, or face or head bites	Hyperimmune serum. Start vaccine but stop if animal remains normal for 5 days.	Active immunity from Rabies Vaccine	Indefinite	If full course is completed, give booster 10th and 20th day after last dose vaccine.
		Bite of healthy animal, other than head or neck	No treatment. If animal becomes suspicious during 14 days observation give serum and vaccine at first suspicious signs.			Booster 10th and 20th day after last dose vaccine.
		Bites—animal rabid, escaped, killed, unknown or any bites by any wild animal	Start treatment immediately, using hyperimmune serum followed by 14-21 doses vaccine, depending upon whether single or multiple bites and location.			Booster 10th and 20th day after last dose vaccine.
Rubella	Live virus vaccine	All children ages 1-12 yrs.	1 dose subcutaneously	Active	A least 5 yrs—Long term protection likely	Not known at present
Rocky Mountain Spotted Fever	Rocky Mountain Spotted Fever Vaccine	Not routinely recommended since advent of specific antibiotic therapy. May be used in areas of high incidence among persons of high risk.	Adults: 3 injections each 1.0 cc. subcutaneously or intramuscularly at intervals of one week. Children—under 10 years three injections each 0.5 cc. subcutaneously or intramuscularly at intervals of one week.	Active	One year	1.0 cc. booster annually

Smallpox	**Smallpox Vaccine (Vaccinia virus)**	**Travelers to and from countries where smallpox is still endemic and for all health services personnel who come into contact with patients. Other children and adults at discretion of attending physician.**	**Multiple pressure, jet injection, or other techniques shown to be equally effective in assuring takes.**	**Active**	**3-10 years**	**Foreign travel — every 3 years. Health services personnel — every 3 years. All other — every 10 years at discretion of attending physician.**
Tetanus	**Tetanus Immune Globulin (Human) (TIG)**	**Unimmunized persons, especially those with crushing injuries, burns, or penetrating wounds; also, for persons seen more than 24 hours after tetanus-prone injury who have had no tetanus toxoid for many years.**	**Adults: 250 units IM for wounds of average severity, up to 500 units for very severe wounds; children: 4 units per kilogram body weight.**	**Passive**	**21 days**	**Must repeat with each injury. Immunization with tetanus toxoid obviates need for further TIG.**
Tetanus	**Tetanus Antitoxin Use only if Tetanus Immune Globulin (Human) is unavailable.**	**All cases of puncture wounds and animal bites when person has not been immunized for more than 5 years since last booster.**	**Caution: Skin test first for serum sensitivity. Intramuscular injection of 3000-10,000 units anti-toxin.**	**Passive**	**10 days**	**Repeat with each injury. Because of hazard to horse serum active immunization with toxoid preferred.**
Tetanus	**Tetanus Toxoid, depot (alum precipitated or adsorbed) (See Double and Triple antigens under "Diphtheria")**	**Hypersensitivity to other components of DTP and Td.**	**Two doses, each 0.5 cc. given intramuscularly, not less than four weeks apart followed by a reinforcing injection 8-12 months later.**	**Active**	**Extremely long lasting**	**Every 10 years**
Typhoid Fever	**Typhoid Vaccine**	**Exposure to a carrier in a household; outbreaks of typhoid fever in a community; travel to areas where typhoid fever is endemic.**	**Adults and children over 10 years old: 0.5 ml subcutaneously on two occasions, separated by 4 or more weeks. Children less than 10 years old: 0.25 ml subcutaneously on two occasions, separated by 4 or more weeks. If more rapid immunization is required, 3 doses of the same volume listed above may be given at weekly intervals but this schedule may be less effective.**	**Active**	**Indefinite— at least 3 yrs.**	**Every one to three years under conditions of continued or repeated exposure. Adults and children over 10 years old: 0.5 ml subcutaneously or 0.1 ml intradermally. Children 6 mo. to 10 yrs: 0.25 ml subcutaneously or 0.1 ml intradermally**

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Typhus Fever	Typhus Fever Vaccine	Not required for travellers to any part of the world. Suggested for persons living or working in close contact with certain indigenous populations in remote areas of South America, Africa and Asia.	Adults Two doses, each 0.5 cc. at intervals of 4 or more weeks given subcutaneously. Allergy to egg or chicken protein only contraindication. Children under 10 years; one half of adult dose.	Active	Relative 6-12 months as long as opportunity for exposure exists.	Adults Routine every 6-12 months or whenever threat of outbreak occurs. Same dose as in initial series.
Yellow Fever	Yellow Fever Vaccine* (Obtainable only at U. S. P. H. S. Hospital or Yellow Fever Immunization Depots. See footnote where obtainable in Indiana.)	All persons traveling in or through or living in endemic areas. Should receive vaccine 10 days before arrival in area.	One dose 0.5 cc. of a 1:10 dilution of concentrated vaccine, freshly prepared. Given subcutaneously. Should not be given to person ill with virus disease.	Active	Every 10 years	Every 10 years repeat immunization.

* While many contraindications are listed for various biologicals, it should be recognized that in the interest of brevity it was impossible to give all details. In case of doubt consult standard reference for detailed description of biological in question and/or pharmaceutical company's circular accompanying original package of biological.

All of the biologicals listed may be obtained through normal supply channels with the exception of YELLOW FEVER VACCINE. Because of hazards if yellow fever vaccine is improperly handled, it can only be obtained from U.S.P.H.S. depots. In Indiana these depots are:

Fort Wayne
Board of Public Health
337 East Wayne St. 46802
Phone 219-742-9302
Wednesday 11:00 a.m. - 12:00 noon
Fee: Yes

Indianapolis
Indiana University
1100 West Michigan St. 46202
Phone 317-639-8123
Friday, a.m.
Fee: Yes

Elkhart
County Health Unit
313 N. Second St. 46514
Phone 219-294-2225
First & 3rd Wednesday 2 p.m.
Fee: Yes

Physicians having patients requiring yellow fever immunization should advise person to call or write the above, as inoculations are given by appointment only on one day a week. There is a fee to cover vaccine and administration.
(Revised)

Simultaneous Administration of Live Virus Vaccines

Recommendations for simultaneous use of live virus vaccines have undergone significant review and revision during the past year. The current guidelines of the United States Public Health Service Advisory Committee on Immunization Practices and the Immunization Branch of the Center for Disease Control are summarized as follows:

1. It has been generally recommended that live virus vaccines be given at least one month apart whenever possible —the rationale for this being that more frequent and severe adverse reactions as well as diminished antibody responses otherwise might result. Field observations indicate, however, that with simultaneous administration of certain live virus vaccines, results of this type have been minimal or absent.
2. If the theoretically desirable one month interval referred to above is not feasible, as with the threat of concurrent

exposures or disruption of immunization programs, the vaccines should preferably be given on the same day—at different sites for parenteral products. An interval of about two days to two weeks should be avoided because interference between the vaccine viruses is most likely then.

3. The licensed combinations of live virus vaccines (measles-mumps-rubella, measles-rubella, and rubella-mumps) incorporate specific vaccine virus strains of demonstrated effectiveness and safety when administered simultaneously. These contain a more attenuated line of measles virus derived from Enders' attenuated Edmonston strain, the HPV-77 DE-5 strain of rubella virus, and the Jeryl Lynn strain of mumps virus.

4. Recent clinical trials indicate that the Schwarz strain of measles vaccine and the Cendehill strain of rubella vaccine can be safely and effectively administered at the same time at separate sites.

5. Newly acquired serologic evidence shows that when the licensed combination measles-mumps-rubella vaccine is given simultaneously with trivalent oral polio vaccine, antibody responses can be expected to be comparable to those which follow administration of the vaccines at different times.

6. Any components of the licensed measles-mumps rubella combination may be given with trivalent oral polio vaccine. That is, either single measles or rubella vaccine, or combined measles-rubella may be given simultaneously with trivalent oral polio vaccine. These vaccines may be administered together when desirable for preventive medicine programs.

7. In summary:
 a. The component strains of the licensed combined measles mumps-rubella vaccines may be simultaneously administered in any combination. In addition, these strains, either singly or in combination, may be given at the same time as trivalent oral polio vaccine.
 b. The Schwarz strain of measles vaccine and the Cendehill rubella strain may be given at the same time. The simultaneous addition of trivalent oral polio vaccine is not yet approved for these strains, however.
 c. Other live virus vaccines may be given simultaneously under special circumstances as indicated in paragraph 2 above.

Communicable Disease Control Division
Indiana State Board of Health
March 1974

UNIVERSITY CENTER

A private treatment facility for school age young people who are troubled with difficulties in family, school and social relationships.

- Specialized milieu for young people
- Individual and group psycho-therapy
- Drama therapy
- Occupational and recreational therapy
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Health Insurance and CHAMPUS Approved
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For further information, write or call the Medical Secretary, The University Center, Box 621, Ann Arbor, Michigan 48107, Telephone: 313-663-5522. Brochure is available upon request.

ARNOLD H. KAMBLY, M.D.
Psychiatrist-Director



"I'm going back, Helen, for my copy of The Journal of the Indiana State Medical Association."

Licensed Nursing Homes In Indiana

May 1974

****INDICATES FEDERALLY APPROVED EXTENDED CARE FACILITY**

ADAMS COUNTY

Adams County Home
Route 6, Decatur 46733
Leo and Betty Feasel, Adms.

Berne Nursing Home
906 W. Main St., Berne 46711
Pauline Hostetler, L.P.N., Adm.

Decatur Community Care Center
1145 Mercer Ave., Decatur 46733
Bonita J. Bradburn, R.N., Adm.

Swiss Village, Inc.
Berne 46711
Merlin K. Sprunger, Adm.

ALLEN COUNTY

Allen County Health Center
12101 Lima Rd., R. R. 13,
Ft. Wayne 46808
Thomas A. Katsanis, Adm.

Crow's Haven Nursing Home
2440 Bowser Ave., Fort Wayne 46803
Lyle B. Crow and Jeanne E.
Crow, Adms.

Fort Wayne Nursing Home
2402 N. Beacon, Fort Wayne 46805
Margaret Walls, R.N., Adm.

Glenacres Nursing Home, Inc.
3420 E. State St., Fort Wayne 46805
Casto Ball, Adm.

Golden Years Homestead
8300 Maysville Road, Fort Wayne 46805
Paul Grimm, Adm.

Indian Village Health Center
2237 Engle Road, Fort Wayne 46809
Lazslo Szegedy, Ph.D., Adm.

Lawton Nursing Home, Inc.
1649 Spy Run Ave., Fort Wayne 46805
Herman H. Aspacher, Adm.

Lutheran Homes, Inc.
6701 S. Anthony Blvd., Ft. Wayne 46806
Fred Nieno, Adm.

****Parnell Park Nursing Home**
3811 Parnell Ave., Ft. Wayne 46805
Diane D. Schneldker, Adm.

Saint Anne Home
1900 Randalia Dr., Ft. Wayne 46805
John F. Martin, Adm.

Towne House Health Center
5544 E. State Blvd., Fort Wayne 46805
Roger Neil Litzenberger, Adm.

****Turtle Creek Convalescent Centre of Fort Wayne-North**
2001 Hobson Rd., Fort Wayne 46805
Gary Neterer, Adm.

Turtle Creek Convalescent Center of Fort Wayne South
2626 Fairfield Ave., Fort Wayne 46807
John August, Adm.

BARTHOLOMEW COUNTY

Bartholomew County Home
2525 Illinois, Columbus 47201
Mildred Drake, Adm.

****Columbus Convalescent Center**
2100 Midway St., Columbus 47201
Elizabeth Kerns, Adm.

Columbus Nursing Home
5400 E. 25th Street, Columbus 47201
Rose Ro Bold, R.N., Adm.

The Four Seasons Home
1901 Taylor Road, Columbus 47201
Dick Kendrick, Adm.

Ken-Joy Convalescent Home
Maple Street, Hope 47246
Betty Miller, Adm.

Lake View Care Center, Inc.
R. R. 1, Hope 47246
Harold and Mary Chandler, Adms.

BENTON COUNTY

Earl Park Nursing Home
400 Chestnut, Earl Park 47942
Evelyn Taylor, Adm.

Edge-Wood View
Oxford 47971
Larry Gray, Adm.

Green Hill Manor, Inc.
501 N. Lincoln Ave., Fowler 47944
Edith Dexter, R.N. and Connie
Brouillette, R.N., Adms.

BLACKFORD COUNTY

Green Acres Blackford County Home
R. R. 1, Hartford City 47348
Calvin Clamme, Adm.

Willow Hall Nursing Home, Inc.
715 N. Mill St., Hartford City 47348
Calvin Clamme, Adm.

BOONE COUNTY

The Hoosier Village
5300 W. 96th St., Indianapolis 46268
William Keith, Adm.

Lebanon Nursing Home
301 W. Essex, Lebanon 46052
Joseph Eubanks, Adm.

Oak Park Manor
R. R. #2, Lebanon 46052
Margaret E. Hine, Adm.

CARROLL COUNTY

Brethren's Home of Indiana, Inc.
R. R. 2, Flora 46929
Rosemary Eddy, Adm.

Delphi Nursing Home
1455 S. Washington St., Delphi 46923
Margaret Boerger, R.N., Adm.

CASS COUNTY

Cass County Home
Perrysburg Rd., Logansport 46947
Mabel Frey, Adm.

****Chase Manor Nursing and Convalescent Center**
1 Chase Park, Logansport 46947
Donald E. Klasing, Adm.

The Neal Home
2518 George St., Logansport 46947
Mary A. Curless, Adm.

CLARK COUNTY

****Hillcrest Nursing Home, Inc.**
203 Sparks Ave., Jeffersonville 47130
Lee Roy E. Martin, Adm.

Jeffersonville Nursing Home
1720 E. Eighth St., Jeffersonville 47130
Patricia Ragland, Adm.

Kentuckiana Christian Home, Inc.
Route 2, Box 39, Charlestown 47111
Rev. Raleigh Van Hunt, Adm.

The Ladies Home, Inc.
330 W. Market St., Jeffersonville 47130
Marie Cundiff, Adm.

Maple Manor Christian Home, Inc.—Adult Division
643 W. Utica, Sellersburg 47172
Joe Blansett, Adm.

****NHE/Clarksville**
517 N. Hallmark Dr., Clarksville 47130
Walter J. Queen, Adm.

CLAY COUNTY

Clay County Health Center, Inc.
1408 E. Hendrix Street, Brazil 47834
Wilma Ellison, Adm.

Harty Nursing Home
P. O. Box 112, Knightsville 47857
William E. Harty, Adm.

Macanell Nursing Home
R. R. 2, Box 139, Center Point 47840
Hugh W. McCann, Adm.

Stinson Nursing Home, Inc.
601 S. Leavitt St., Brazil 47834
Madge Scobell, Adm.

CLINTON COUNTY

Assembly Nursing Home
551 E. Walnut St., Frankfort 46041
Virginia L. Woodruff, Adm.

Clinton County Home
R. R. 2, Frankfort 46041
Margaret Brock, Adm.

Frankfort Nursing Home
1234 Rossville Ave., Frankfort 46041
James Thurston, Adm.

Milner Community Health Care, Inc.
Box 15, Rossville 46065
Ronald C. Green, Adm.

Mulberry Lutheran Home, Inc.
State Route 38, W. Jackson St., Mulberry 46058
Rev. Paul Mumford, Adm.

Wesley Manor, Northwest Indiana Methodist Home, Inc.
1555 N. Main St., Frankfort 46041
Rev. Carlyle L. Mason, Adm.

DAVIESS COUNTY

Bertha D. Garten Ketcham Memorial Center, Inc.
601 E. Race Street, Odon 47562
Irven D. Meyers, Adm.

Eastgate Manor Nursing and Residential Center, Inc.
P. O. Box 470, Highway 50 East, Washington 47501
Larry N. Morris, Adm.

Meyers Nursing Home
215 W. Oak St., Washington 47501
Rosetta Meyers, Adm.

****Prairie Village, Inc.**
1401 Highway 57, South, Washington 47501
Georgia Atwood, Adm.

Shadyheights Nursing Home, Inc.
1109 National Highway, Washington 47501
Irene Wolske, Adm.

Washington Nursing Center, Inc.
603 E. National Highway, Washington 47501
Charles R. Gabhart and Donald G. Waggoner, Adms.

DEARBORN COUNTY

Dillsboro Manor
Box 66, Dillsboro 47018
Dellas and Dorthea Ross, Adms.

Shady Nook Convalescent Home
607 Wilson Creek Rd., Lawrenceburg 47025
Wilbur McMullen, Adm.

****Terrace View ECF**
403 Bielby Rd., Lawrenceburg 47025
Joseph Henderson, Adm.

DECATUR COUNTY

Greensburg Hospitality Nursing Center, Inc.
410 Park Road, Greensburg 47240
Willard Rowland, L.P.N., Adm.

Greensburg Nursing Home
1420 Lincoln St., Greensburg 47240
Anna B. Slusher, Adm.

Odd Fellows Home
R. R. 8, Greensburg 47240
Charles R. Carter, Adm.

Tree City Nursing Home
R. R. 4, Greensburg 47240
Barbara Mouser, Adm.

DEKALB COUNTY

Betz Nursing Home
R. R. 3, Auburn 46706
Doris M. Betz, L.P.N., Adm.

Butler Hotel Rest Home, Inc.
117 S. Broadway St., Butler 46721
Harriett V. Angus, R.N., Adm.

Dr. Bonnell M. Souder Health Care, Inc.
206 W. 7th St., Auburn 46706
Ruth Muzzillo, Adm.

****Glen Oaks Nursing Home**
E. Seventh St., St. Rd. 8, Auburn 46706
Thomas Muzzillo, Adm.

Meadowhaven, Inc.
300 West Liberty, Butler 46721
Robert Shambaugh, Adm.

Sheehy Nursing Homes, Inc.
402 N. Broadway St., Butler 46721
Louis Crissman, L.P.N., Adm.

Sheehy's Retirement Home
406 N. Broadway, Butler 46721
Louis Crissman, L.P.N., Adm.

DELAWARE COUNTY

Albany Nursing Care, Inc.
State Rd 67 North, Albany 47320
Raymond E. and M. June LeFevre, Adms.

Chateau Convalescent Centre
2400 Chateau Drive, Muncie 47303
Archer Cogil, Adm.

Chrystal's Country Home
R. R. 1, Selma 47383
Chrystal V. Steele, L.P.N., Adm.

Delaware County Home
R. R. 5, Box 157, Muncie 47302
Helen V. Stewart, Adm.

Dunkirk Nursing and Convalescent Home
R. R. 2, St. Rd. 67, So., Dunkirk 47336
Nicholas LeFevre, Adm.

Faulkner Rest Home
633 Gavin St., Muncie 47302
Edgar Faulkner, Jr., Adm.

Golden Rule Nursing Home
502 N. Madison Ave., Gaston 47342
Dean L. Greeno, Adm.

Maple Grove Convalescent Home
1347 East Jackson St., Muncie 47302
Roger A. Russell, Adm.

Morgan-Nickols Residential Club
175 Kilgore, Muncie 47305
Peggy K. Polk, Adm.

****Parkview Nursing Home**
2200 White River Blvd., Muncie 47303
Eileen E. Page, R.N., Adm.

Riverview Convalescent Home
R. R. 2, Box 89, Muncie 47302
Jessie Starks, L.P.N., Adm.

Shady Haven Rest Home
R. R. 9, Bethel Pike, Muncie 47302
Jessie Starks, L.P.N., Adm.

Sylvester Home for the Aged
R. R. 2, Burlington Dr., Muncie 47302
Mantha J. Sylvester, Adm.

****Woodland Nursing Home**
3600 W. Jackson St., Muncie 47304
Hazel Wilson, R.N., Adm.

DUBOIS COUNTY

Jasper Nursing Center, Inc.
R. R. 2, Jasper 47546
John L. Wehrle, Adm.

Medco Center of Huntingburg
530 Fourth St., Huntingburg 47542
Roger Ambrose, Adm.

Northwood Good Samaritan Center
P. O. Box 459, Jasper 47546
Richard Tinius, Adm.

Providence Home
W. Ninth Street, Jasper 47546
Father Thaddeus Sztuczko, Adm.

ELKHART COUNTY

****Americana Nursing Center of Elkhart**
343 S. Nappanee St., Elkhart 46514
Jean T. Robinson, Adm.

Andresen Nursing Home
302 S. Sixth St., Goshen 46526
Charles Andresen, Adm.

First Federal Nursing Home
2600 Moorehouse, Elkhart 46514
Dorothy Prough, Adm.

****Fountainview Place**
1001 W. Hively Ave., Elkhart 46514
Lloyd White, Adm.

Goshen Nursing Home
1101 W. Lincoln Ave., Goshen 46526
Mildred Bennett, R.N., Adm.

Greencroft Nursing Center
2000 South 15th St., Goshen 46526
John Liechty, Adm.

Lu-Ann Nursing Home
952 W. Walnut St., Nappanee 46550
John L. Mellinger Adm.

Nicholson Convalescent Home
2400 Elkhart Rd., Goshen 46526
John M. Kolb, Adm.

Peterson Nursing Home
302 E. Lincoln Ave., Goshen 46526
Florence J. Mowry, R.N., Adm.

Simpson Nursing Home
114 S. 6th St., Goshen 46526
Richard A. Simpson, Adm.

****Turtle Creek Convalescent Centre of Elkhart**
1400 W. Franklin St., Elkhart 46514
William Gerlib, Adm.

FAYETTE COUNTY

Connersville Care Center
2500 Iowa St., Connersville 47331
Mary M. Rader, Adm.

Connersville Nursing Home
2600 N. Grand Ave., Connersville 47331
Jeanne Eleanor Krupp, R.N., Adm.

Lincoln Manor Nursing Center
1029 E. Fifth St., Connersville 47331
Chester O'Neal, Jr., Adm.

FLOYD COUNTY

****Green Valley Convalescent Center**
3118 Green Valley Rd., New Albany 47150
Peter Graves, Adm.

New Albany Nursing Home
1919 Bono Road, New Albany 47150
John F. Vie, Adm.

Providence Retirement Home
703 E. Spring St., New Albany 47150
Sister Mary Loyola Bender, S.P. Adm.

FOUNTAIN COUNTY

Tall Trees Nursing and Convalescent Home
303 Second St., Covington 47932
William and Kathryn Button, Adms.

Woodland Manor Nursing Center
State Rd. 38 East, Attica 47918
Leston Alward, Adm.

FRANKLIN COUNTY

Echo Hill Nursing Home
R. R. 2, Laurel 47024
Wayne Jackson, Adm.

Elsie Dreyer Nursing Home
273 Main St., Brookville 47012
Charlotte LeGere, Adm.

FULTON COUNTY

Canterbury Manor
R. R. 6, County Road 50 North, Rochester 46975
Carl William Miller II, Adm.

Rochester Nursing Home
240 E. 18th St., Rochester 46975
Leona Watts, Adm.

GIBSON COUNTY

Forest Del Convalescent Home
1020 W. Vine St., Princeton 47570
Kenneth Maikranz, Adm.

Good Samaritan Home Inc.
210 N. Gibson St., Oakland City 47560
Hovey Hedges, Adm.

****Holiday Manor, Inc.**
305 Carol Ave., Princeton 47570
Larry D. Carlson, Adm.

Oakland City Rest Home
114 Grove St., Oakland City 47560
Lloyd Higgins, Adm.

Owensville Convalescent Center
Highway 65, P. O. Box 368 Owensville 47565
Harold J. Baker and Ruth A. Braselton, Adms.

GRANT COUNTY

Bradner Village Residential Care Facility, Inc.
505 Bradner Ave., Marion
James J. Walts, Adm.

Emily E. Flinn Home, Inc.
615 W. 12th St., Marion 46952
Rev. George L. Florence, Adm.

Friendly Home of the Convalescent, Inc.
P. O. Box 153, Fowlerton 46930
Ralph C. DeGolyer, Adm.

Friendship Heights Rest Home
704 S. Main St., Fairmount 46928
Addie M. Bryant, L.P.N., Adm.

Golden Age Nursing Home
1800 Kem Rd., Marion 46952
Lottie Babb, Adm.

****River-View Manor Convalescent and Rehabilitation Center, Inc.**
221 N. Washington, Marion 46952
John P. Williams, Adm.

****Wesleyan Nursing Home**
518 W. 36th St., Marion 46952
Carl T. Speaks, Adm.

GREENE COUNTY

Bloomfield Nursing Center
150 N. Seminary St., Bloomfield 47424
Norman Nierste, Adm.

Glenburn Rest Haven
Glenburn Rd., R. R. 2, Linton 47441
William Thomas Fisher, Adm.

Linton Nursing Home
1501 East A Street, Linton 47441
Mary Shepard, Adm.

Shakamak Good Samaritan Center
Box 163, Ohio Street, Jasonville 47438
Rev. Howard N. Larsen, Adm.

HAMILTON COUNTY

Arcadia Children's Home
303 Franklin Ave. Arcadia 46030
Leonard A. Hall, Adm.

Arcadia Nursing Home
508 S. East St., Arcadia 46030
Ann Bingham, Adm.

Hamilton Heights Health Center
706 W. Main St.
Arcadia 46030
Lester M. Roland, Adm.

Lakeview Guest Home
R. R. 1, Box 15, Carmel 46032
Mary L. Engle, Adm.

Maple Park Health Manor
R. R. 1, Westfield 46074
Robert Oldham, Adm.

Noblesville Nursing Home
1791 Greenfield Pike, Noblesville 46060
Patricia Langley, R.N., Adm.

Rollins Home for Retarded Children
69 N. Harrison St., Cicero 46034
Betty Clarkson, L.P.N., Adm.

Sheridan Rest Home, Inc.
903 Sheridan Ave., Sheridan 46069
Robert Higgins Sr. and Hal G. Higgins, Adms.

****Turtle Creek Convalescent Centre-Noblesville**
295 Westfield Rd., Noblesville 46060
Paul Ade, Adm.

Walston Home for Retarded Children
N. Peru St., Cicero 46034
Anna May Hines, Adm.

HANCOCK COUNTY

****Colonial Crest Convalescent Center, Inc.**
745 N. Swope St., Greenfield 46140
Ronald A. Wanczyk, Adm.

Golden Rule Rest Home
R. R. 12, Box 403, Indianapolis 46236
Bernard H. Beck, Adm.

Model A Nursing Home
R. R. 5, Greenfield 46140
Lavon Beeson, Adm.

Park Riley Nursing Home
1310 E. Main St., Greenfield 46140
Gwen Suttle, R.N., Adm.

****Twinbrook, Inc.**
R. R. 7, Box 13, Greenfield 46140
Kenneth R. Smith, Adm.

HARRISON COUNTY

Corydon Nursing Home
Route 6, Box 147, Corydon 47112
David M. Ragland, Adm.

HENDRICKS COUNTY

Danville Nursing Home
337 W. Lincoln St., Danville 46122
Susan Runyan, Adm.

Golden Manor Nursing Home of Brownsburg
Hornaday Rd., Brownsburg 46112
James R. Gephart, Adm.

Golden Rule Nursing Home
St. Rd. 3, 400 East, Danville 46122
Robert Petree, Adm.

Hendricks County Home
865 E. Main, Danville 46122
Edna O. Anderson, Adm.

****NHE/Danville**
255 Meadow Drive, Danville 46122
Mary L. Hantzis, R.N., Adm.

Vinewood Nursing Home, Inc.
404 North Vine St., Plainfield 46168
Alida Van Biezen, Adm.

HENRY COUNTY

Henry County Home
N. Memorial Dr., New Castle 47362
Walter Gaddis, Adm.

****Heritage House, Inc., of New Castle, Ind.**
1023 N. 20th St., New Castle 47362
Jim J. Walts, Adm.

Holly Hill Nursing Home
901 N. 16th St., New Castle 47362
Giles Krupp, Adm.

Lewisville Hotel for Senior Citizens
U. S. 40, Lewisville 47352
Sarah Jones, Adm.

Maple Village Nursing Home, Inc.
Box 135, Middletown 47356
F. Richard King, Adm.

Middletown Nursing Home
130 S. 10th St., Middletown 47356
Robert I. Clevenger, Adm.

New Castle Community Care Center
115 N. 10th Street, New Castle 47362
Richard L. May, Adm.

New Hope Nursing Home
Lewisville 47352
Robert Baird, Adm.

Rest Haven Nursing Home
420 S. Main Street, New Castle 47362
Elizabeth Griggs, L.P.N., Adm.

HOWARD COUNTY

****Americana Nursing Center of Kokomo**
3518 S. Lafountain St., Kokomo 46901
Leroy Policky, Adm.

Kokomo Nursing Home
1560 S. Plate St., Kokomo 46901
Linda Young, Adm.

Lucy Cole Nursing Home
332 W. Markland, Kokomo 46901
Lulu McNabney, Adm.

Sycamore Village Health Center
2905 W. Sycamore, Kokomo 46901
John Huber, Adm.

Turtle Creek Convalescent Center
2233 W. Jefferson, Kokomo 46901
Kathleen Kelly, R.N., Adm.

****Windsor Estates of Kokomo**
429 Lincoln Rd. W., Kokomo 46901
Alice Fox, R.N., Adm.

HUNTINGTON COUNTY

Huntington Nursing Home
1425 Grant St., Huntington 46750
Virginia Griggs, R.N., Adm.

Methodist Memorial Home for the Aged, Inc.
Warren 46792
Philip Souder, Adm.

****Miller's Merry Manor, Inc.**
1500 Grant St., Huntington 46750
Thomas H. Kramer, Adm.

Roanoke Nursing Home, Inc.
743 N. Main Street, Roanoke 46783
Norman L. Savage, Adm.

JACKSON COUNTY

****Jackson Park Convalescent Center, Inc.**
707 Jackson Park Dr., Seymour 47274
Richard C. Schriever, Adm.

Kaley's Nursing Home
202 W. Sixth St., Seymour 47274
James E. Kaley, Adm.

****Lutheran Community Home**
Box 462, 111 W. Church Ave., Seymour 47274
Gary T. Hermanson, Adm.

JASPER COUNTY

Rensselaer Care Center
Highway 114 East, Rensselaer 47978
Larry Lee Vanderwielen, Adm.

JAY COUNTY

Country Manor Nursing Home, Inc.
Route 2, Dunkirk 47336
Janellyn Antrim, R.N., Adm.

Portland Community Care Center
200 N. Park St., Portland 47371
Dixie May, Adm.

Portland Nursing Home
406 W. Arch St., Portland 47371
Mary Ellen Hearn, Adm.

JEFFERSON COUNTY

Clifty Falls Convalescent Center
950 Cross Ave., Madison 47250
Kenneth Maikranz, Adm.

****Hanover Nursing Center**
S. R. 56 W., Hanover 47243
Ann Breitenbach, R.N., Adm.

Madison Nursing Home
1945 Cragmont St., Madison 47250
Albert Dawson, Adm.

Mayfield Nursing Home
402-410 Elm St., Madison 47250
George Mayfield, Adm.

Mayfield's Retirement & Rest Home
618 E. Second St., Madison 47250
Rosalyn K. Mayfield, Adm.

JENNINGS COUNTY

North Vernon Nursing Home
801 N. Elm Street, North Vernon 47265
Janice Dawson, L.P.N., Adm.

JOHNSON COUNTY

Faith Home
P. O. Box 218, Edinburg 46124
Raymond C. Brown, Adm.

Franklin Nursing Home
1130 N. Main St., Franklin 46131
Robert and Nancy Heath, Adms.

Franklin United Methodist Home
1070 W. Jefferson, Franklin 46131
Rev. John M. Fall, Adm.

Greenwood Hilltop Nursing Home
R. R. 2, Fry Rd., Greenwood 46142
Violet VanSickle, Adm.

Indiana Masonic Home
Old State Road 31, Franklin 46131
Marvin Isley, Adm.

Janie's Convalescent Center
651 S. State St., Franklin 46131
James Stewart, Adm.

Johnson County Home
R. R. 1-B, Franklin 46131
Albert Bundy, Adm.

We Care Health Center-Greenwood, Inc.
Route 2, Fry Road, Greenwood 46142
Violet VanSickle, Adm.

The Welcome Nursing Home
1109 N. Main St., Franklin 46131
Joanne R. Miller, L.P.N., Adm.

****Westminster Village**
U.S. 31 South, Greenwood 46142
Andrew J. Weidekamp, Adm.

KNOX COUNTY

****Beverly Manor Convalescent Center**
1321 Willow St., Vincennes 47591
Margie Morris, Adm.

Crestview Convalescent Home
Box 136, Old Bruceville Rd., Vincennes 47591
Gerald W. Thornberry, Adm.

Freelandville Community Home, Inc.
Highway #58, Freelandville 47535
Mary Jane Buescher, Adm.

Moore's Nursing Home, Inc.
204 W. Third St., Bicknell 47512
Ernest P. and Barbara J. Moore, Adms.

****Vincennes Nursing Home, Inc.**
1202 S. 16th St., Vincennes 47591
Joe Junod Jr., Adm.

KOSCIUSKO COUNTY

****Alfran Nursing Home**
2501 E. Center St., Warsaw 46580
Frank N. Wilson, Adm.

****Miller's Merry Manor**
P. O. Box 387, County Farm Rd., Warsaw 46580
R. James Miller, Adm.

Orn Nursing Home
North Main St., Milford 46542
Glennis Stump and Elizabeth Steinke, Adms.

Prairie View Rest Home, Inc.
300 Prairie St., Warsaw 46580
James Bradbury, Adm.

Warsaw Nursing Home
2402 E. Center St., Warsaw 46580
Wilma T. Davenport, R.N., Adm.

LAGRANGE COUNTY

Lagrange Nursing Home
Town Line Rd. & North Main St., LaGrange 46761
Rose Deak, Adm.

****Miller's Merry Manor, Inc.**
State Road 9 North, LaGrange 46761
Phyllis Ann Miller, Adm.

LAKE COUNTY

Colonial House, Inc.
119 N. Indiana Ave., Crown Point 46307
Marjorie Baker, Adm.

East Chicago Rehabilitation and Convalescent Center, Inc.
5025 McCook Ave., East Chicago 47312
Thomas J. Crump Jr., Adm.

East Side Family Services, Inc.
1948 Massachusetts St., Gary 46407
James A. Young, Adm.

Fuchs' Nursing Home, Inc.
255 Burnham St., Lowell 46356
Barbara H. and Phyllis Fuchs, Adms.

Great Oaks Manor Nursing Home
13105 Wicker Ave., Cedar Lake 46303
Nancy J. Morris, R.N., Adm.

Green's Geriatric Health Center
2052 Delaware St., Gary 46407
Benjamin J. Green, Adm.

Hammond Nursing Home
1402 E. 173rd St., Hammond 46320
Carl C. Kafantaris, Adm.

Hammond Whiting Convalescent Center
1000—114th St., Whiting 46394
Barry Jellison, Adm.

Highland Nursing Home
9630 Fifth St., Highland 46322
Eleanor Cowsert, R.N., Adm.

Lake County Convalescent Home
2900 W. 93rd Ave., Crown Point 46307
Joseph J. Kish, Adm.

Miller Nursing Home
2301 Adams St., Gary 46407
Ida Miller Walker, Adm.

Mills Rest Home
5011 Maryland St., Gary 46409
David L. Mills, Adm.

Munster Med-Inn
7935 Calumet Ave., Munster 46321
William Sprouse, Adm.

****Ross Care Center**
601 W. 61st Ave., Merrillville 46410
Reginald E. Brown, Adm.

St. Ann's Home
5927 Columbia Ave., Hammond 46320
Arthur W. March, Adm.

St. Anthony's Rest Home
201 Franciscan Rd., Crown Point 46307
Sister Mary Mildred, Adm.

SEBO Heritage Manor Nursing Home
4410 W. 49th Ave., Hobart 46342
Wanda Sebo, Adm.

Simmons Loving Care Health Facility
700 E. 21st Ave., Gary 46407
Anna L. Simmons and Herberta Williams, Adms.

West End Nursing Home, Inc.
1501 Wheeler St., Gary 46406
Henderson D. Hall, Adm.

West Side Nursing Home
829 W. Third Ave., Gary 46402
Gerald Rothenberg, Adm.

Wildwood Manor, Inc.
1964 Clark Rd., Gary 46404
George Walker, Adm.

Willowdale Convalescent Home
10406 Jennings Pl., Crown Point 46307
Nettie DuSold, Adm.

LAPORTE COUNTY

****Anderson Sanitarium, Inc.**
1702 I St., LaPorte 46350
James L. Anderson, Adm.

Beach Cliff Lodge Nursing Home
1001 Lake Shore Dr., Michigan City 46360
Theodore Moss, Adm.

Fountain View Terrace
1900 Andrew Ave., LaPorte 46350
Edward Kuc, Adm.

Lakeside Health Center, Inc.
802 Highway 20, East, Michigan City 46360
C. Jane Graves, Adm.

Private Care Home
602 Spring St., Michigan City 46360
Roger J. Schofield, Adm.

Private Home Care (Country Division)
State Road 39, North LaPorte 46350
Roger J. Schofield, Adm.

****Red Oaks Home**
910 S. Carroll Ave., Michigan City 46360
Maryann Oszuscik, R.N., Adm.

Woodview Rehabilitation Center
1101 E. Coolspring Ave.
Michigan City 46360
Frank Estes, Adm.

LAWRENCE COUNTY

Bedford Nursing Home
514 E. 16th St., Bedford 47421
Avahnelle C. Parham, L.P.N., Adm.

****Hospitality House**
2122 Norton Lane, Bedford 47421
Maribelle S. Dyer, Adm.

****NHE/Bedford**
1510 Clinic Drive, Bedford 47421
Elizabeth L. Meikle, Adm.

MADISON COUNTY

****Americana Nursing Center of Anderson**
1345 N. Madison Ave., Anderson 46011
A. Wayne Johnson, Adm.

Bradford Nursing Home
625 W. Adams St., Alexandria 46001
Mary Ellen Bell, Adm.

****Convalescent Centre of Anderson, Inc.**
1809 N. Madison Ave., Anderson 46012
Stephen Joseph Feldman, Adm.

Dickey Nursing Home
220 N. Ninth Street, Elwood 46036
Diane E. Blackford, Adm.

****Dickey Nursing Home, Inc.**
1007 N. 9th, Elwood 46036
Louise Dickey, L.P.N., Adm.

The Goble Home
332 W. 11th St., Anderson 46016
Dillard Marcum, Adm.

McDonald's Rest Home
424 Ruddle Ave., Anderson 46012
Josephine Wade, L.P.N., Adm.

New Haven Nursing Home
1023 E. Eighth St., Anderson 46012
Josephine Wade, L.P.N., Adm.

Parkview Convalescent Center
North 19th St., Elwood 46036
Rev. Max Bingham, Adm.

****Rolling Hills Convalescent Center, Inc.**
1821 Lindburg Rd., Anderson 46012
Floyd M. Myers, Jr., Adm.

Summit Convalescent Center
R. R. 1, Summitville 46070
Richard Goodman, Adm.

The Willows
R. R. 2, Box 514C, Alexandria 46001
Marian E. Webb, L.P.N., Adm.

MARION COUNTY

Ada's Golden Age, Inc.
2115 Central Ave., Indianapolis 46202
Keith F. Seal, Adm.

The Alpha Home
1910 N. Senate Ave., Indianapolis 46202
Emarita Murphy, Adm.

Altenheim of The United Church Homes, Inc.
2007 N. Capitol Ave., Indianapolis 46202
Rev. Donald Tharp, Adm.

****Americana Health Care Center**
2010 N. Capitol Ave., Indianapolis 46202
Gerald McGowan, Adm.

****Americana Nursing Center of Indianapolis, East**
5600 E. 16th St., Indianapolis 46218
Fred Moon, Adm.

Anthony Hall Nursing Home, Inc.
2135 N. Alabama St., Indianapolis 46204
Miriam E. Snyder, Adm.

The Barton House
505 N. Delaware, Indianapolis 46204
Thelma L. Davila, R.N., Adm.

Bel-Terrace Nursing Home, Inc.
1629-33 N. College Ave., Indianapolis 46202
Stephen J. Snyder, Adm.

Booker Watts Boarding Home
1445 Broadway, Indianapolis 46202
Herbert O. Watts, Adm.

Booker-Watts Nursing Home
2523 Central, Indianapolis 46205
Herbert Watts, Adm.

Broad Ripple Nursing Home
6127 N. College Ave.
Indianapolis 46220
Woodrow Keeling, Adm.

Chateau de Repos, Inc.
5025 W. 52nd St., Indianapolis 46254
Doris E. Stuart, L.P.N., and O. C. Eitzmann, Adms.

Colonial Crest Convalescent Center-North
8181 Harcourt Road, Indianapolis 46260
Larry Jones, Adm.

Colonial Crest Convalescent Center South
2860 Churchman Ave.
Indianapolis 46203
William Myers, Adm.

****Colonial Crest Nursing Center, Inc.**
7145 E. 21st St., Indianapolis 46219
Mark Hasten, Adm.

Community Children's Nursing Home
6855 E. 10th St., Indianapolis 46219
Susan Stafford Cox, Adm.

NURSING HOMES Continued

Conner Nursing Home
1408 N. Pennsylvania St., Indianapolis 46202
Lucy V. Conner, Adm.

****Continental Convalescent Center**
344 S. Ritter, Indianapolis 46219
Hart Hasten, Adm.

Crestview Manor Nursing Home
1118 East 46th St., Indianapolis 46205
Ruth Abraham, R.N., Adm.

Delaware Nursing Home
1910 N. Delaware, Indianapolis 46202
John G. Harris, Adm.

Del Mar Nursing Home, Inc.
709 Lynhurst Dr., Indianapolis 46224
Helen J. Harbison, Adm.

Emerson Nursing Home
3420 N. Emerson Ave., Indianapolis 46218
William Medley, Adm.

Evangelistic Center, Inc.
3518 Shelby St., Indianapolis 46227
Roger T. Qualls, Adm.

Frame Nursing Home, Inc.
373 N. Holmes Ave., Indianapolis 46222
James R. McCarroll, Adm.

Garfield Park Nursing Home
2605 Shelby Street, Indianapolis 46203
Wanda L. Dixon, Adm.

Garfield Park Nursing Home
2620 S. Keystone Ave., Indianapolis 46203
Wanda Dixon, Adm.

****Greenview Manor, Inc.**
1700 N. Illinois St., Indianapolis 46202
James B. Snavley, Adm.

Heritage Nursing Home
8935 E. 46th St., Indianapolis 46226
Mark Feeser, Adm.

Hillside Nursing Home
3405 N. Ralston, Indianapolis 46218
Bennie Mason, Adm.

****Hooverwood**
7001 Hoover Rd., Indianapolis 46260
Lazer D. Brener, Adm.

Independent Living Club
6038 W. 25th St., Indianapolis 46224
Robert Roland, Adm.

Indianapolis Home for the Aged, Inc.
1731 N. Capitol Ave., Indianapolis 46202
Mary Ann Bushman, Adm.

****Lakeview Manor, Inc.**
125 Beachway Dr., Indianapolis 46224
Tom Tyson, Adm.

Lynhurst Nursing Home, Inc.
5225 W. Morris St., Indianapolis 46241
James E. Hill, Sr., and Ethel L. M. Eldridge, Adms.

Mapleton Nursing Home
3650 Central Ave., Indianapolis 46205
Alberta Nickler, R. N., Adm.

****Marion County Home**
11850 Brookville Rd., Indianapolis 46239
Henry H. Bahner, Adm.

Mayfair Home
3240-42 Washington Blvd., Indianapolis 46205
Kathryn Leech, Adm.

McKenzie Convalescent Home
2926 N. Capitol Ave., Indianapolis 46208
James McKenzie, Adm.

Meridian Nursing Home
2102 S. Meridian Street, Indianapolis 46225
Josephine Lauth, Adm.

****Northwest Manor Nursing Home**
6440 West 34th St., Indianapolis 46224
Jeremy D. Carter, Adm.

Parkview Manor Nursing Home
2424 E. 46th St., Indianapolis 46205
Albert Harris, Jr., Adm.

Pleasant View Rest Home
5000 Southeastern Ave., Indianapolis 46203
C. O. Rader, Adm.

Riley Nursing Home
901 N. East St., Indianapolis 46202
Helen Harris, Adm.

St. Augustine Home for the Aged
2345 W. 86th St., Indianapolis 46260
Sister Edward Hines, L.P.N., Adm.

St. Paul Baptist Church Home for the Aged
1141-45 N. Sheffield Ave., Indianapolis 46222
Anna Dailey, Adm.

St. Paul Hermitage
501 N. 17th St., Beech Grove 46107
Sister Mary Gilbert, Adm.

Sarah's Nursing Home
3208 N. Sherman Dr., Indianapolis 46218
George J. Hill, Adm.

Southeastern Nursing Home
4743 Southeastern Ave., Indianapolis 46203
Esther Lucile Toll, L.P.N., Adm.

Stone Manor Convalescent Home
8201 W. Washington St., Indianapolis 46231
George E. Cline, Adm.

Three Sisters Nursing Home
6130 Michigan Rd., Indianapolis 46208
Mamie Beamon, Adm.

****Turtle Creek Convalescent Centre—East, Inc.**
1302 N. Lesley Ave., Indianapolis 46219
Norman T. Gulley, Adm.

Turtle Creek Convalescent Centre, Ritter
1301 N. Ritter, Indianapolis 46219
Edwin R. Wright, Adm.

Turtle Creek Convalescent Centre—South
525 E. Thompson Rd., Indianapolis 46227
Rosemary Lain, Adm.

****Turtle Creek Convalescent Centre Southeast, Inc.**
2002 Albany Ave., Beech Grove 46107
George Nichols, Adm.

T. Wray Nursing Home
1812 Central, Indianapolis 46202
Thelma Wray, L.P.N., Adm.

Waddle Nursing Home, Inc.
2112 N. Delaware St., Indianapolis 46202
Miriam E. Snyder, Adm.

Warren Park Nursing Home
6855 E. 10th, Indianapolis 46219
Robert Ford Cox, Adm.

Weber Convalescent Home
43 S. Ritter Ave., Indianapolis 46219
Laura E. Weber, Adm.

We Care Health Centers, Inc.
6566 W. Washington St., Indianapolis 46241
Jerry Liggett, Adm.

Westview Nursing Home
5435 West 38th St., Indianapolis 46224
William Matthysse, Adm.

MARSHALL COUNTY

Fairview Nursing Home
Route 4, Plymouth 46563
Patricia Beam, Adm.

Kingston Nursing Home
309 Kingston Drive, Plymouth 46563
Mary C. Drews, R.N., Adm.

****Miller's Merry Manor, Inc.**
600 W. Oakhill Ave., Plymouth 46563
Jane K. Miller, R.N., Adm.

Myers Nursing Home
R. R. 3, Box 159, Bremen 46506
Pearl Myers, L.P.N., Adm.

****Pilgrim Manor Rehabilitation and Convalescent Center**
222 Parkview St., Plymouth 46563
G. Dean Byers, Adm.

Plymouth Nursing Home
1029 W. Jefferson St., Plymouth 46563
Marie Nier, R.N., Adm.

R.N. Nursing Home
R. R. 1, Walkerton 46574
Laura M. Hathaway, R.N., Adm.

Shady Rest Home (Marshall Co. Home)
R. R. 5, Plymouth 46563
Kathryn Krueger, Adm.

MARTIN COUNTY

Medco Center of Loogootee
R. R. 4, Loogootee 47553
Mary Lee Wildman, Adm.

MIAMI COUNTY

Miller's Merry Manor, Inc.
317 Blair Pike, Peru 46970
Alan Grossnickle, Adm.

Peru Nursing Home
390 West Blvd., Peru 46970
Richard Gibson, Adm.

MONROE COUNTY

Arbutus Rest Home
R. R. 12, Box 292, Bloomington 47403
Donna L. Moore, Adm.

Bloomington Convalescent Center
714 S. Rogers St., Bloomington 47401
Mr. Carroll Moore, Adm.

Bloomington Nursing Home
120 E. Miller Dr., Bloomington 47401
William Doub, Adm.

****Hospitality House, Inc.**
1100 S. Curry Pike, Bloomington 47401
Fred J. Ponton, Adm.

MONTGOMERY COUNTY

Ben Hur Home, Inc.
1375 S. Grant, Crawfordsville 47933
Esther Houston, Adm.

Carmen Nursing Home
817 N. Whitlock Ave., Crawfordsville 47933
Cline Harbison, Adm.

Golden Manor Nursing Home
1001 E. Main St., Ladoga 47954
Opal I. Gephart, Adm.

Hazel Small Rest Home
N. Vine St., Waynetown 47990
Sarah Small, Adm.

Lane House, Inc.
1000 Lane Ave., Crawfordsville 47933
Richard A. Bowles, L.P.N., and
Myra A. Bowles, Adms.

Massengill's Retirement Home
1304 S. Grant Ave., Crawfordsville 47933
Joan Massengill, Adm.

MORGAN COUNTY

Cherry Nursing Home
60 E. Harrison St., Martinsville 46151
Zepha Cherry, Adm.

Grand View Convalescent Center
2009 E. Columbus St., Martinsville 46151
Thelma Richardson, L.P.N., Adm.

Henderson Nursing Home, Inc.
140 W. Washington St., Morgantown 46160
E. Marguerite Henderson, Adm.

Kennedy Memorial Christian Home
210 W. Pike St., Martinsville 46151
W. Dean Mason, Adm.

Morgan County Home
190 S. Main St., Martinsville 46151
Earl B. Fletcher, Adm.

NEWTON COUNTY

Kentland Kare Home
102 E. Carroll St., Kentland 47591
Helen M. Borman, R.N., Adm.

Kentland Nursing Home
720 E. Washington St., Kentland 47591
Thomas Janovsky, Adm.

NOBLE COUNTY

Kendallville Nursing Home
1433 S. Main St., Kendallville 46755
Byron Colglazier, Adm.

Kneipp Springs
Rome City 46784
Sister Mary Josina Kuhn, Adm.

Luckey Memorial Nursing Home
Highways 33 & 109, Wolf Lake 46796
Jack and Carole Dowden, Adms.

Lutheran Homes, Inc.
612 E. Mitchell, Kendallville 46755
Paul Dobler, Adm.

Sacred Heart Home
R. R. 2, Avilla 46710
Sister M. Cherubim Cukla, O.S.F., Adm.

OHIO COUNTY

Rising Sun Nursing Home
Rio Vista Ave., Rising Sun 47040
Robert Anderson, Adm.

ORANGE COUNTY

Medco Annex of French Lick
R. R. 2, French Lick 47432
Gertrude Haynes, R.N., Adm.

Medco Center of French Lick
Box 350, East College, French Lick 47432
Mary Helen Williams, Adm.

Paoli Nursing Home
111 W. Hospital View Rd., Paoli 47454
Kay L. Barker, R.N., Adm.

OWEN COUNTY

Donna Nursing Home #2
R. R. 2, Spencer 47460
Norman S. Tirsway, Adm.

Gosport Nursing Home, Inc.
South Seventh St., Gosport 47433
Leland S. Lynch, Adm.

Owen County Home
R. R. 3, Spencer 47460
Ruthie Gray, Adm.

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Castle Shannon Nursing Home
P. O. Box 99, Rockville 47872
Leon G. Harbison, Adm.

Parke County Nursing Home
R. R. #2, Rockville 47872
Margaret, Gerald and Dale Ball, Adms.

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****Lincoln Hills Nursing Home, Inc.**
19th and Pestalozzi, Tell City 47586
James Michael Cox, Adm.

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Pike Ave., Petersburg 47567
Kenneth I. Dunigan, Adm.

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Canterbury Place
251 E. Drive, Valparaiso 46383
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Locust St., Poseyville 47633
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The Charles Ford Memorial Home
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Carolyn S. Kelly, Adm.

Medco Center of Mt. Vernon, Indiana
1415 Country Club Rd., Mount Vernon 47620
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515 East 13th Street, Winamac 46996
Bonnie Hiatt, Adm.

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102 W. Poplar St., Greencastle 46135
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Main St., Cloverdale 46120
MaDonna Tirsway, Adm.

Eventide Nursing Home
1306 S. Bloomington St., Greencastle 46135
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Greencastle Nursing Home
815 E. Tacoma Dr., Greencastle, 46135
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Everett Rickert, Adm.

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R. R. 1, Sunman 47041
Gladys Caudill, Adm.

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Carr St., Milan 47031
Jon W. Kohlmeier, Adm.

Manderley Nursing Home
546 Wilson St., Osgood 47037

Manderley Nursing Home #2
120 E. Ripley St., Osgood 47037
Phyllis Negangard, Adm.

Silver Bell Nursing Home
Highway 421, South, Versailles 47042
Walter Bradley, Jr., Adm.

RUSH COUNTY

Gorman's Rest Home
Railroad St., Milroy 46156
Elizabeth Gorman, Adm.

Hillside Haven
424 North Perkins St., Rushville 46173
Mary Todd, R.N., Adm.

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114 E. Fifth St., Rushville 46173
Inez Austerman, Adm.

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Marjorie Pearsey, L.P.N., Adm.

Kare, Comfort & Compassion Nursing Chalet, Inc.
230 E. Seventh St., Rushville 46173
Miss Linda Rosenberry, Adm.

ST. JOSEPH COUNTY

Cardinal Manor
118 S. William St., South Bend 46601
Rosemary E. Mueller, Adm.

****Cardinal Nursing Home, Inc.**
1121 E. LaSalle, South Bend 46601
Thomas E. Squibb, Adm.

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Dor-A-Lin, Inc.
1024 N. Notre Dame Ave., South Bend 46617
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1106 South 20th St., South Bend 46615
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141 S. Lombardy Dr., South Bend 46619
Samuel M. Farris, Adm.

Haven Hubbard Memorial Home
New Carlisle 46552
Orrie L. Gilbert, Adm.

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20531 Darden Road, South Bend 46637
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601 S. Russell St., Mishawaka 46544
Mearl Dustin, Adm.

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18325 Bailey Ave., South Bend 46637
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53308 Portage Rd., South Bend 46628
Joseph W. Snyder, Adm.

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1950 E. Ridgedale Rd., South Bend 46614
John A. Samples, Adm.

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South Bend Nursing Home
328 N. Notre Dame, South Bend 46617
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206 E. Marion St., South Bend 46601
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Walkerton Trail, Walkerton 46574
Roy J. and Ruth A. DeSimone, Adms.

Wilton Rest Home
25419 St. Rt. 2, South Bend 46619
William Grzywinski, Adm.

SCOTT COUNTY

Roe-Seal Memorial Home
Englishton Park, Lexington 47138
Janet Heilman, Adm.

Scottsburg Nursing Home
1100 N. Gardner St., Scottsburg 47170
Ailene Breitenback, Adm.

Shalom Convalescent and Nursing Home
Highway 31 South, Scottsburg 47170
William Lippert, Adm.

SHELBY COUNTY

Ace Placid Home
R. R. 1, Fairland 46126
Patsy R. Ferguson, Adm.

Conover Rest Home
Box 311, Morristown 46161
Marcia Westerfield, Adm.

The Heritage House Children's Center
2325 S. Miller St., Shelbyville 46176
Robert Norman, Adm.

**The Heritage House Convalescent Center
2309 S. Miller St., Shelbyville 46176
Robert Norman, Adm.

Waldron Nursing Home
Box 95, Waldron 46182
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Golden Circle Nursing Center
Highway 68 West, Dale 47523
Jane Thomason, Adm.

Professional Care Nursing Home
Dale 47523
Emma Lou Woolard, Adm.

Rockport Nursing Center, Inc.
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O. Jane Thomason, Adm.

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Little Company of Mary Health Facility, Inc.
Route 421, San Pierre 46374
Sister Catherine Krieter, Adm.

The Sheperd's Inn
300 E. Culver Rd., Knox 46534
Lloyd DePue, Adm.

STEUBEN COUNTY

Angola Nursing Home
600 N. Williams St., Angola 46703
Marcile R. Foster, R.N., Adm.

Carlin Park Nursing Home, Inc.
North Williams St., Angola 46703
Flo Shull, Adm.

Steuben County Rest Home
R. R. 5, Angola 46703
Eugene Burkhalter, Adm.

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R. R. 5, Sullivan 47882
Kenneth F. and Vencil E. Engle, Adms.

Sullivan Nursing Home
W. Wolfe St., Sullivan 47882
Oliver R. and Mary J. Blubaugh, Adms.

Village Nursing Home
975 N. Section St., Sullivan 47882
Carla Jean McCammon, Adm.

SWITZERLAND COUNTY

Jackson's Senior Citizens Home
501 West Pike St., Vevay 47043
Peggy Jackson, Adm.

TIPPECANOE COUNTY

**Americana Nursing Center of Lafayette
2201 Cason St., Lafayette 47901
Richard Linson, Adm.

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312 N. Eighth St., Lafayette 47901
Allen C. Campbell, Adm.

Hillcrest Nursing Home
1123 E. South St., Lafayette 47901
Dan Wheat, Adm.

Indiana Pythian Home
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Meredith E. Keeney, Adm.

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Miss Opal Williams, Adm.

Laura M. Bowles Convalescent Home
147 Ford St., Clarks Hill 47930
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Tippecanoe Villa
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Charles Haan, Adm.

Turtle Creek Convalescent Center of Lafayette
1903 Union St., Lafayette 47901
Harold Trump, Adm.

William Ross Annex of the Tippecanoe Villa
3208 Ross Road, Lafayette 47906
Dorothy Haan, Adm.

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R. R. 1, St. Rd. 19, Tipton 46072
Robert D. Higgins, Jr., Adm.

Holtsclaw Nursing Home
119 W. Washington St., Tipton 46072
Margaret Holtsclaw, Adm.

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Kenneth R. Enright, Adm.

Tipton Nursing Home
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Marcia Ellen DeWitt, R.N., Adm.

UNION COUNTY

Park Manor Nursing Home, Inc.
409 E. Union St. Liberty 47353
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Bethel Sanitarium, Inc.
6015 Kratzville Rd., Evansville 47710
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2819 North St. Joseph Ave., Evansville 47712
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Good Samaritan Home, Inc.
601 N. Boeke, Evansville 47711
N. R. Allsmiller, Adm.

Holiday Home
1201 W. Buena Vista Rd., Evansville 47710
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1100 N. Read St., Evansville 47710
Mrs. Muriel Sprinkle, L.P.N., Adm.

McCurdy Residential Center
101 S.E. First St., Evansville 47713
Norman Hunter, Adm.

Medco Center of Evansville-North, Inc.
650 Fairway Dr., Evansville 47710
Charles J. Ludwyck, Adm.

Pine Haven Nursing Home
3401 Stocker Dr., Evansville 47712
Anita M. Stocker, R.N., Adm.

Pleasantview Rest Home
700 Senate Ave., Evansville 47711
Jack Harness, Adm.

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807 S.E. Third St., Evansville 47713
Judith F. Conn, Adm.

Rathbone Memorial Home for Aged and Infirm Persons
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Nolan R. Lackey, Adm.

Regina Pacis Home
3900 Washington Ave., Evansville 47715
Samuel T. Higdon, II, Adm.

St. John's Home for the Aged
1236 Lincoln Ave., Evansville 47714
Sister Mary Caroline, Adm.

****Turtle Creek Convalescent Center of Evansville**
4301 Washington Ave., Evansville 47715
John Hesse, Adm.

VERMILLION COUNTY

Clinton Nursing Home
700 S. Main St., Clinton 47842
Betty June Payton, L.P.N., Adm.

Holiday Home
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Harold I. Segall, Adm.

VIGO COUNTY

Canterbury Convalescent Centre
500 Maple Ave., Terre Haute 47804
George Stevens, Adm.

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504 S. 15th St., Terre Haute 47807
Mary Cox Ewing, R.N., Adm.

Ledgerwood Home
43 S. 20th St., Terre Haute 47803
Norma Jean Ledgerwood, Adm.

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Wilma P. Hall, Adm.

Meadows Manor North, Inc.
3150 N. 7th St., Terre Haute 47804
Guy Belzile, B.A., R.P.T., Adm.

Terre Haute Nursing Home
830 S. 6th St., Terre Haute 47808
Charles C. Moyer, Adm.

Vigo County Home
3500 Maple Ave., Terre Haute 47804
Carl Koile, Adm.

Wallace Nursing Center, Inc.
120 W. Margaret Ave., Terre Haute 47802
Richard D. Wallace, Adm.

Webster's Rest Home
513-15 North 14th St., Terre Haute 47807
Rachel Webster, Adm.

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The Estelle Peabody Memorial Home of the United Presbyterian Church, U.S.A., Indiana Synod
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Meriweather Convalescent Home
1720 Alber St., Wabash 46992
Miss Kathryn Duffey, R.N., Adm.

Pleasant View Nursing Home
R. R. 2, Wabash 46992
Daniel H. Miller, R.N., Adm.

****The Stratford House**
1035 Manchester Ave., Wabash 46992
Robert F. Woods, Adm.

Timbercrest-Church of the Brethren Home
East St., North Manchester 46962
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1955 S. Vernon, Wabash 46992
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Wabash Nursing Home
1420 Quaker Ave., Wabash 46992
Miss Susan Dressler, Adm.

WARREN COUNTY

Davis Boarding Home
R. R. #2, Covington 47932
John W. Davis, Adm.

Meadows Heights Nursing Center
200 Short St., Williamsport 47993
John Hartsock, Adm.

Warren County Home
R. R. 1, Williamsport 47993
Jeannette Eaton, Adm.

WARRICK COUNTY

Baker's Rest Haven, Inc.
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Medco Center of Chandler
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Bruce Baker, Adm.

****Monticello Manor**
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Melvin H. White, Adm.

WASHINGTON COUNTY

****Williams Convalescent Center, Inc.**
Homer and Anson Sts., Salem 47167
Wayne H. Williams, and Kathleen Williams, L.P.N., Adms.

WAYNE COUNTY

****Friends Fellowship Community, Inc.**
2030 Chester Blvd., Richmond 47374
Merrill W. Baxter, Adm.

Golden Rule Nursing Center, Inc.
2001 U.S. 27, South Richmond 47374
Al Knobler, Adm.

The Good Samaritan Nursing Home
R. R. 1, Centerville 47330
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****Heritage House of Richmond, Inc.**
2070 Chester Blvd., Richmond 47374
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Jenkins Hall
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Mary E. Hill Nursing Home, Inc.
2308 Zoar Ave., Richmond 47374
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Owens Convalescent Home
1811 S. Ninth St., Richmond 47374
Bonnie Owens, Adm.

Pinehurst Nursing Home
R. R. 1, Centerville 47330
Mary McClure, R.N., Adm.

Richmond Nursing Home
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WELLS COUNTY

****Cooper Rest Homes, Inc.**
1509 Fort Wayne Rd., Bluffton 46714
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1001 S. Clark Ave., Bluffton 46714
I. Helen Jackson, Adm.

Meadowvale Skilled Care Center
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South View Rest Home, Inc.
R. R. 3, Box 306, Bluffton 46714
Cora N. Anderson, L.P.N., and Karl Anderson, Adms.

WHITE COUNTY

Archibald Memorial Home for Aged Deaf
R. R. 2, Brookston 47923
Joseph S. Miller, Adm.

Lake View Home
(White County Home)
R. R. 6, Monticello 47960
Ora Rumple, Adm.

Turtle Creek Convalescent Centre of Monticello
R. R. 6, Monticello 47960
Thomas A. Baldus, Adm.

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Elson Wilson, L.P.N., Adm.

Columbia City Nursing Home
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Louise Daily, R.N., Adm.

Mary Farris Nursing Home
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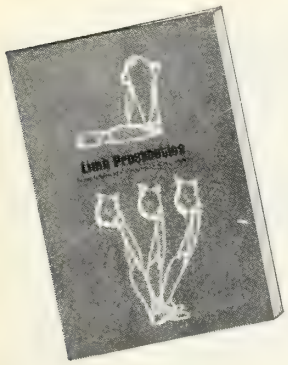
For Certified Laboratory Assistants — 1973

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Our Lady of Mercy Hospital Indiana University, Bloomington; St. Margaret Hospital, Hammond	A. Lipsey, MD R. Corrigan, PhD G. Klein, RT
EAST CHICAGO	
St. Catherine Hospital Indiana University, East Chicago	D. E. Ziev, MD K. J. Schmidl, RT
ELKHART Elkhart General Hospital Indiana University, South Bend	D. B. Parshall, MD W. Tirman, MD, Education Coord. H. V. Konecny, RT
EVANSVILLE	
Deaconess Hospital	R. E. Beck, MD W. A. Newhouse, RT
University of Evansville St. Mary's Hospital, Evansville	T. Cook, MD M. Brannock, RT
Welborn Memorial Baptist Hospital	E. L. Hendershot, MD J. A. McLellan, RT

FORT WAYNE	
Lutheran Hospital Indiana University, Fort Wayne	R. A. Flaherty, MD R. D. Walker, RT R. Rinehart, RT
Parkview Memorial Hospital Indiana University, Fort Wayne	R. D. Dormire, MD T. Webb, RT N. Clark, RT
St. Joseph's Hospital Indiana University, Fort Wayne	M. J. Powell, MD S. K. Siebert, RT
GARY	
Methodist Hospital Indiana University, Gary	K. G. Ambrozaitis, MD Mrs. J. L. Akin, RT
GREENFIELD	
Hancock County Memorial Hospital Community Hospital of Indianapolis	R. A. Silver, MD R. L. Reger, RT
HAMMOND	
St. Margaret Hospital Our Lady of Mercy Hospital, Dyer; Indiana University, East Chicago	C. Rosenthal, MD J. Owezarzak, RT
INDIANAPOLIS	
Community Hospital Indiana Vocational Technical Institute-Mallory Technical Institute	C. C. Taylor, MD T. R. Heazeltine, RT B. E. Bruton, RT
Indiana University School of Medicine	C. H. Helman, MD M. Chaille, RT
Methodist Hospital of Indiana, Inc.	J. F. Dillon, MD R. L. Orr, RT
St. Vincent Hospital Indiana Vocational Technical Institute-Mallory Technical Institute	J. L. Morton, MD B. E. Bruton, RT
Winona Memorial Hospital	J. W. Beeler, MD L. K. Morrison, RT
KOKOMO	
St. Joseph Memorial Hospital Indiana University at Kokomo	M. M. Sekulich, MD E. S. Miller, RT
MICHIGAN CITY	
Northern Indiana School of Radiologic Technology Memorial Hospital, Walters Hospital Foundation, St. Anthony Hospital; Indiana University, East Chicago; LaPorte Hospitals, Inc., LaPorte	C. R. Plank, MD J. Scott, MD T. E. Harder, RT
MUNCIE	
Ball Memorial Hospital	D. R. Taylor, MD P. R. De Reu, RT
RICHMOND	
Reid Memorial Hospital	J. C. Spellmeyer, MD J. Honius, RT
SOUTH BEND	
Memorial Hospital Indiana University, South Bend	K. L. Olson, MD W. Tirman, MD H. V. Konceny, RT
TERRE HAUTE	
St. Anthony Hospital St. Francis Hospital Center, Beech Grove	T. W. Hogan, MD J. Murley, RT Sr. M. Luke, RT
VALPARAISO	
Porter Memorial Hospital	E. Tufekcioglu, MD G. A. Janssen, RT B. Burge, RT
VINCENNES	M. S. Floyd, MD
Good Samaritan Hospital	T. M. Fausnacht, RT



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INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT - April 1974

Disease	Apr. 1974	Mar. 1974	Feb. 1974	Apr. 1973	Apr. 1972
Animal Bites	968	829	625	1011	859
Chickenpox	517	688	796	919	731
Conjunctivitis	155	249	243	242	168
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	99	131	145	41	82
Gonorrhea	918	1327	892	755	680
Impetigo	91	162	156	82	100
Infectious Hepatitis	57	70	58	34	41
Infectious Mononucleosis	102	98	125	115	131
Influenza	3717	10226	29634	2129	1164
Measles					
Rubeola	44	38	26	105	180
Rubella	31	102	163	212	83
Meningococcic Meningitis	4	2	0	0	0
Meningitis, Other	4	1	0	5	3
Mumps	94	158	229	202	153
Pertussis (Whooping Cough)	1	2	3	7	12
Pneumonia	636	812	770	457	306
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	1697	1882	2065	1031	945
Syphilis					
Primary & Secondary	21	9	12	45	28
All Other Syphilis	120	125	124	92	71
Tinea Capitis	14	13	14	6	2
Tuberculosis (Active)	42	49	60	45	70

What's New?

Chemetron announces a new leaflet which describes its volume-controlled respirator for long term respiratory support. The illustrated leaflet provides detailed information on how the respirator works and how it is operated. Write to Chemetron at 1801 Lilly Ave., St. Louis 63110.

* * *

LogEscan announces a Radiograph Minification System for more efficient X-ray file management and retrieval. A radiograph, with this system, may be reduced to a 105 mm minification without losing detail. Filing space is reduced 80% to 90%; paper or film copies of the minification may be sent to wards or outside the hospital; the master copy remains in the department; no special viewers are necessary; copies are directly viewable.

* * *

McGraw-Hill has just released "Madness and The Brain," an interesting and lively account of the scientific breakthroughs in research on brain function and the effects of drugs in relation to schizophrenia. Solomon H. Snyder, M.D., Professor of Psychiatry, Johns Hopkins, presents a new, perhaps revolutionary, concept of the disease. Price $7.95.

* * *

Marion Health and Safety offers the Flynn Oxygen Ventilator. It is a combination resuscitator/inhalator. It conforms to the criteria for oxygen-powered, manually triggered ventilation devices as established by the National Research Council. It will convert quickly from a positive pressure resuscitator to a constant flow inhalator.

* * *

Behavioral Publications announces the first in a series —Volume 1, "Developments in Human Services." It is the first of four encyclopedic publications which will annually carry in-depth discussions and reviews on a variety of human services topics. Volume 1 is in four parts. Entire volume hardbound is $16.95; paper separates, set of 4, $12.95, or $3.95 for each paper separate.

* * *

Isolette is introducing a new series of intensive care monitoring equipment. Modular units to monitor oxygen concentration, respiration rate, heart rate and blood pressure, together with recorders and scopes, are all separate but may be linked together into whatever combination is necessary. The equipment is suitable for cardiac, respiratory, medical/surgical and neonatal intensive care.

* * *

Poison Control Centers in Indiana

and Adjacent States

***ATTENTION: Physicians, Hospitals and Poison Control Centers.

Since July 1, 1965, Marion County General Hospital, Indianapolis, Indiana, has been the principal INFORMATION CENTER for the State of Indiana, replacing that service provided by the Indiana State Board of Health. If you need help in determining the toxic ingredients in a "trade name product" or have a problem involving treatment of a poisoning case, please call MARION COUNTY GENERAL HOSPITAL, INDIANAPOLIS, INDIANA — 639-6671.

City	Name and Address	Telephone	Director
Anderson	St. John's Memorial Hospital 2015 Jackson Street	649-2511 Ext. 251	Thomas Schrader, Pharm.
Angola	Cameron Memorial Hospital, Inc. 416 E. Maumee	665-2141	Marie Hosack, R.N.
Bedford	Dunn Memorial Hospital 1616 23rd Street	275-3331	Richard T. Simmons, R. Ph.
East Chicago	St. Catherine Hospital 4321 Fir Street	392-7203	Stanley Zallen, M.D.
Elkhart	Elkhart General Hospital 600 East Boulevard	294-2621	C. Richard Yoder, M.D.
Evansville	Protestant Deaconess Hospital 600 Mary Street	426-3405	Robert Arendell, M.D.
Evansville	St. Mary's Hospital, Inc. 3700 Washington Avenue	477-6261 Ext. 491	A. S. Ritz, M.D.
Evansville	Welborn Memorial Baptist Hospital, Inc. 412 S. E. Sixth Street	426-8336	Richard Emig, R. Ph.
Fort Wayne	Parkview Memorial Hospital 2200 Randalia Drive	484-6636	William O. Wissman, Pharm.
Fort Wayne	St. Joseph Hospital 730 West Berry Street	423-2614	Robert Voorhees, M.D.
Frankfort	Clinton County Hospital 1300 S. Jackson Street	654-4451 Ext. 22	Fred W. Flora, M.D.
Gary	Methodist Hospital of Gary, Inc. 1600 West 6th Avenue	886-4710	Darline Lee, R.N.
Goshen	Goshen General Hospital 200 High Park Avenue	533-2141 (Emergency Room)	Craddock Duren, M.D.
Hammond	St. Margaret Hospital 25 Douglas Street	932-2300 Ext. 700	Herbert I. Arbeiter, M.D.
Indianapolis	*Marion County General Hospital 960 Locke Street	639-6671	John D. Miller, M.D.
Indianapolis	Methodist Hospital of Indiana, Inc. 1604 North Capitol Ave.	924-8355	Maxine Bush, R.N.

POISON CONTROL CENTERS

City	Name and Address	Telephone	Director
Indianapolis	St. Francis Hospital Center 1600 Albany Street Beech Grove	783-8261	J. R. Coughenoor, M.D.
Kokomo	Howard Community Hospital 3500 S. Lafountain St.	453-8444	Mary Scheetz, R.N.
Lafayette	St. Elizabeth Hospital 1501 Hartford Street	742-0221 Ext. 421 or 428	Howard Gish, M.D.
LaGrange	LaGrange County Hospital R.R. #1	463-2144 Ext. 34	Sharon Honaker, R.N.
Lebanon	Witham Memorial Hospital 1124 N. Lebanon Street	482-2700 Ext. 44	Thomas Dillon, D.O.
Madison	The King's Daughters' Hospital 112 Presbyterian Ave.	265-5211	Mrs. Ester Stiles, R.N.
Marion	Marion General Hospital Wabash and Euclid Avenue	662-4694	L. D. Wojcik, M.D.
Mishawaka	St. Joseph Hospital 215 West 4th Street	259-2431 Ext. 233	
Muncie	Ball Memorial Hospital 2401 University Avenue	747-3241	Joyce Hartley, R.N.
Portland	Jay County Memorial Hospital 505 West Arch Street	726-7131 Ext. 159	R. K. Riesz, M.D.
Richmond	Reid Memorial Hospital 1401 Chester Blvd.	962-4545	Mrs. Jewell Spears, R.N.
Shelbyville	William S. Major Hospital 150 W. Washington Street	392-3793	Carolyn Rosenfeld, R.N.
South Bend	Memorial Hospital of South Bend Poison Control Center 615 North Michigan Street	284-7458	Z. Myers, M.D.
South Bend	St. Joseph Hospital 811 East Madison Street	233-0040	B. Vagner, M.D.
Terre Haute	Union Hospital, Inc. 1606 N. Seventh Street	232-0361 Ext. 397	Darrell Propst, R. Ph.

ADJACENT STATES

City	Name and Address	Telephone
	Illinois	
Chicago	Poison Control Center Presbyterian—St. Luke's Hospital 1753 W. Congress Pkwy.	942-5969
	Kentucky	
Louisville	Poison Control Center Department of Pediatrics 226 E. Chestnut St.	582-1831
	Missouri	
St. Louis	Poison Control Center Cardinal Glennon Memorial Hospital for Children 1465 S. Grand Ave.	865-4446
St. Louis	Poison Control Center St. Louis Children's Hospital 500 S. Kingshighway	367-6880
	Ohio	
Cincinnati	*Poison Control Center Cincinnati General Hospital	872-5111
Columbus	Poison Control Center Children's Hospital 17th St. at Livingston Park	258-9783

Deaths of Indiana Physicians in 1973

(M) Member ISMA **(S) Senior Member** **(R) Retired**

Name	Age	Date of Death	Address	Cause of Death
Przybysz, Edmund J.	55	Jan. 6	South Bend	Carcinoma of larynx
Gill, D. Richard (M)	41	Jan. 10	Huntington	Glioblastoma, multiforme
Shaner, Ralph D.	67	Jan. 10	Fort Wayne	Parkinson disease, Pneumonia, bleeding duodenal ulcer
Martin, Presley F.	48	Jan. 11	Clarksville	Ventricular fibrillation; arteriosclerotic heart disease
Harkcom, Harry E.	77	Jan. 12	St. Paul	Congestive heart failure; arteriosclerotic cardiovascular disease
Lamey, Paul T. (M)	66	Jan. 12	Anderson	Ruptured abdominal aortic aneurysm
Riggs, Verna Christophel (M)	67	Jan. 18	Mishawaka	Cardiac arrest; coronary artery disease; arteriosclerosis
Bretz, John M. (M)	57	Jan. 27	Huntingburg	Arteriosclerotic heart disease; essential hypertension
Noblitt, James S. (S)	92	Jan. 28	Rockville	Pneumonia, thoracic aortic aneurysm, arteriosclerotic vascular disease
Waters, George E.	68	Jan. 29	Richmond	Bronchogenic carcinoma
Adams, Max R. (M)	73	Feb. 3	Greenfield	Cancer of the lung with metastases
Wray, James B.	46	Feb. 6	Indianapolis	Myocardial infarction
Ketcham, John S. (M)	82	Feb. 9	Rossville	Generalized arteriosclerosis
Martin, Hugh Ellis (S)	71	Feb. 10	Indianapolis	Coronary artery thrombosis and myocardial infarction
Frazier, Chester N.	81	Feb. 14	Indianapolis (formerly)	Congestive heart failure
Maxwell, Sam Browning	57	Mar. 2	Indianapolis	Gunshot wound of thorax
Porter, Edward A. (S)	91	Mar. 7	Westport	Arteriosclerotic heart disease
Nash, Charles Bernard	63	Mar. 9	Valparaiso (formerly)	Arteriosclerotic cerebrovascular disease
Aldrich, Harry D.	58	Mar. 22	Indianapolis	Congestive heart failure; idiopathic myocardiopathy
Spenner, Raymond William (S)	76	Mar. 25	South Bend	Heart attack
Hancock, John G. (M)	63	Apr. 2	Indianapolis	Acute coronary occlusion
Kidd, James G., Sr. (S)	83	Apr. 3	Fort Wayne	Pulmonary edema; arteriosclerotic heart disease
Bishop, Harry Arthur (M)	61	Apr. 11	Frankton	Arteriosclerotic heart disease
Dillinger, George (R)	70	Apr. 15	French Lick (formerly)	Emphysema
Mendenhall, Edgar N.	81	Apr. 19	Fort Wayne	Pneumonia
Botkin, Charles L.	94	Apr. 19	Muncie	Arteriosclerotic heart disease
Burks, Jess E.	53	Apr. 25	Crawfordsville (formerly)	
Billings, Charles A.	72	Apr. 26	Clear Lake	Uremia; generalized arteriosclerosis
Rivers, Glynn Adams (M)	57	Apr. 27	Muncie	Myocardial infarction; coronary thrombosis; arteriosclerotic heart disease
Booher, Norman R. (M)	64	Apr. 29	Indianapolis	Acute myocardial infarction; arteriosclerotic heart disease
Hutto, William H.	61	May 14	Kokomo (formerly)	Ruptured abdominal aneurysm
Zwerner, Paul F.	65	May 14	Terre Haute	Myocardial infarction with cardiac arrest and cerebral ischemia; severe cerebral and coronary arteriosclerosis
Holsinger, Robert E.	67	May 15	Fort Wayne (formerly)	Congestive heart failure; arteriosclerotic heart disease
Artz, Richard W.	56	May 26	Angola	Metastatic CNS disease; carcinoma of breast

Name	Age	Date of Death	Address	Cause of Death
Gehres, Robert W. (R)	75	May 30	Shelbyville	Myocardial failure; arteriosclerotic hypertensive disease
Roller, Charles W. (S)	93	June 4	Indianapolis	Acute renal failure; arteriosclerotic cardiovascular disease
Davidson, N. Cort (S)	71	June 8	Zionsville	Cardiac arrest; atherosclerotic coronary artery disease
Slominski, Harry H. (S)	83	June 16	South Bend	Heart attack
Kuhn, Hedwig S. (S)	78	June 17	Munster	Encephalomalacia; cerebral arteriosclerosis
Tyler, Frank T. (S)	92	June 20	New Albany	Cerebral thrombi
Kennedy, Robert Phelps	82	June 22	Richmond	Acute myocardial infarction; arteriosclerosis, generalized
Kerr, Harry R. (S)	76	June 25	Indianapolis	Cardiorespiratory arrest; arteriosclerotic vascular disease with stroke
Goodrum, William R. (R)	53	July 1	Cayuga	Coronary heart disease and diabetes
Turley, Verne L. (S)	80	July 10	Fowler	Coronary occlusion
Doenges, James L. (M)	59	July 20	Anderson	Cardiocirculatory arrests, hypertensive and cardiovascular heart disease
Lyons, Robert S., Jr. (M)	69	July 20	Bloomington	Acute myocardial infarction; arteriosclerotic heart disease
Kelly, Wendell C. (M)	67	July 30	Anderson	Acute and chronic bronchitis and pneumonia
Belding, Ray T.	48	July 31	Indianapolis	Acute secobarbital intoxication and arteriosclerotic heart disease
Teplinsky, Louis L. (M)	59	Aug. 6	Highland	Respiratory failure; polyneuropathy; chronic lymphosarcoma
Yunker, Philip E. (M)	65	Aug. 18	Howe	Respiratory arrest; restrictive pulmonary disease; pulmonary fibrosis
Kohne, Gerald J. (M)	69	Sept. 4	Decatur	Acute myocardial infarction
Fouts, Paul J. (M)	68	Sept. 5	Indianapolis	Cerebral thrombosis
Combs, Stuart R. (M)	62	Sept. 5	Terre Haute	Ventricular fibrillation, immediate; arteriosclerotic heart disease
Leich, Charles F. (M)	66	Sept. 9	Evansville	Acute myocardial infarction; coronary artery disease
Smith, Francis C. (S)	76	Sept. 14	Indianapolis	Gunshot wound of the thorax
Holland, Philip Todd (M)	68	Sept. 20	Bloomington	Leiomyosarcoma
Steele, Paul W. (M)	62	Sept. 25	Evansville	Myocardial infarction
Siersdorfer, Theodore N. (S)	96	Oct. 1	Indianapolis	Congestive heart failure; arteriosclerosis
Balsbaugh, George K. (M)	61	Oct. 5	N. Manchester	Coronary occlusion; arteriosclerosis
Baptisti, Arthur, Jr. (M)	68	Oct. 8	Nashville	Acute myocardial infarction
Coleman, Henry G. (M)	66	Oct. 13	Salem	Pneumonia, bilateral; lupus erythematosus
Fichman, Abraham Meir (S)	72	Oct. 16	Fort Wayne (formerly)	Cardiac arrest and myocardial infarction, advanced renal failure and rapidly progressive glomerulonephritis
Bassler, Carl R. (S)	87	Oct. 17	South Bend (formerly)	
Oren, William F. (M)	49	Oct. 18	South Bend	Embryonal cell carcinoma of the testicle with metastasis
Jones, Albert T. (M)	73	Oct. 23	Anderson	Cerebrovascular accident
Wishard, William N., Jr. (M)	75	Oct. 27	Indianapolis	Cardiorespiratory failure; cancer of pancreas with widespread metastases
Row, D. Hamilton (S)	73	Nov. 1	Indianapolis	Hypovolemic shock; renal failure; ruptured abdominal aneurysm
Callaghan, Winship C. (M)	68	Nov. 2	Greensburg	Renal failure, acute; atherosclerosis obliterans; severe postoperative complications

Name	Age	Date of Death	Address	Cause of Death
Peterson, Joel A. (S)	82	Nov. 3	Lafayette (formerly)	Acute myocardial infarction
Perry, Frederic G. (M)	63	Nov. 6	Fort Wayne	Acute hepatic failure; postnecrotic cirrhosis
Wharton, Russell O. (S)	85	Nov. 7	Gary	Generalized arteriosclerosis; senility
Gailey, Ivan L. (M)	51	Nov. 10	Newburgh	Coronary artery disease
Worley, Richard H.	52	Nov. 13	Indianapolis	Lymphosarcoma
Smithburn, Kenneth C.	69	Nov. 23	Indianapolis	Pulmonary emphysema
Austin, Maynard A. (S)	97	Nov. 26	Evansville	Cerebral arteriosclerosis
Frank, Lyall L., Sr. (S)	76	Dec. 1	South Bend	Respiratory failure; congestive heart failure; myocardial infarction
Kirch, Leo N.	61	Dec. 6	Indianapolis (formerly)	Adenocarcinoma of the gallbladder
Alderfer, Henry H. (M)	55	Dec. 7	Marion	Hypertensive cardiovascular disease
Gaffney, Raymond A. (M)	48	Dec. 8	South Bend	Acute coronary occlusion; arteriosclerotic heart disease
Criswell, Robert	80	Dec. 9	Fort Wayne	Carcinoma of left lung
Moats, George E. (S)	91	Dec. 10	Fort Wayne	Gastric hemorrhage; gastric resection; gastric-duodenal ulcer
Muelchi, Adeline F. (S)	76	Dec. 22	Evansville	Aspirational pneumonia; cerebral malaria
Randall, Thomas A. (M)	46	Dec. 28	Lafayette	Myocardial infarction; arteriosclerotic heart disease
Stultz, Quentin F.	71	Dec. 29	Ligonier (formerly)	Cerebral thrombosis

Presidents of ISMA Since Its Organization

Medical Convention	Elected	Served
*Livingston Dunlap, Indianapolis	1849	1849
Medical Society		
*William T. S. Cornett, Versailles	1849	1850
*Ashahel Clapp, New Albany	1850	1851
*George W. Mears, Indianapolis	1851	1852
*Jeremiah H. Brower, Lawrenceburg	1852	1853
*Elizur H. Deming, Lafayette	1853	1854
*Madison J. Bray, Evansville	1854	1855
*William Lomax, Marion	1855	1856
*Daniel Meeker, LaPorte	1856	1857
*Talbot Bullard, Indianapolis	1857	1858
*Nathan Johnson, Cambridge City	1858	1859
*David Hutchinson, Mooresville	1859	1860
*Benjamin S. Woodworth, Ft. Wayne	1860	1861
*Theophilus Parvin, Indianapolis	1861	1862
*James F. Hibberd, Richmond	1862	1863
*John Sloan, New Albany	1863	
*John Moffett (acting), Rushville	1863	1864
*Samuel L. Linton, Columbus	1864	
*Wilson Lockhart (acting), Danville	1864	1865
*Myron H. Harding, Lawrenceburg	1865	1866
*Vierling Kersey, Richmond	1866	1867
*John S. Bobbs, Indianapolis	1967	1868
*Nathaniel Field, Jeffersonville	1868	1869
*George Sutton, Aurora	1869	1870
*Robert N. Todd, Indianapolis	1870	1871
*Henry P. Ayres, Ft. Wayne	1871	1872
*Joel Pennington, Milton	1872	1873
*Isaac Casselberry, Evansville	1873	
*Wilson Hobbs (acting), Knightstown	1873	1874
*Richard E. Houghton, Richmond	1874	1875
*John H. Helm, Peru	1875	1876
*Samuel S. Boyd, Dublin	1876	1877
*Luther D. Waterman, Indianapolis	1877	1878
*Louis Humphreys, South Bend	1878	
*Benj. Newland (acting), Bedford (v.p.)	1878	1879
*Jacob R. Weist, Richmond	1879	1880
*Thomas B. Harvey, Indianapolis	1880	1881
*Marshall Sexton, Rushville	1881	1882
*William H. Bell, Logansport	1882	1883
*Samuel E. Mumford, Princeton	1883	1884
*James H. Woodburn, Indianapolis	1884	1885
*James S. Gregg, Ft. Wayne	1885	1886
*General W. H. Kemper, Muncie	1886	1887
*Samuel H. Charlton, Seymour	1887	1888
*William H. Wishard, Indianapolis	1888	1889
*James D. Gatch, Lawrenceburg	1889	1890
*Gonsolvo C. Smythe, Greencastle	1890	1891
*Edwin Walker, Evansville	1891	1892
*George F. Beasley, Lafayette	1892	1893
*Charles A. Daugherty, South Bend	1893	1894
*Elijah S. Elder, Indianapolis	1894	
*Charles S. Bond (acting), Richmond	1894	1895
*Miles F. Porter, Ft. Wayne	1895	1896
*James H. Ford, Wabash	1896	1897
*William N. Wishard, Indianapolis	1897	1898
*John C. Sexton, Rushville	1898	1899
*Walker Schell, Terre Haute	1899	1900
*George W. McCaskey, Ft. Wayne	1900	1901
*Alembert W. Brayton, Indianapolis	1901	1902
*John B. Berteling, South Bend	1902	1903
*Jonas Stewart, Anderson	1903	1904
*George T. MacCoy, Columbus	1904	1905
*George H. Grant, Richmond	1905	1906
*George J. Cook, Indianapolis	1906	1907
*David C. Peyton, Jeffersonville	1907	1908
*George D. Kahlo, French Lick	1908	1909
*Thomas C. Kennedy, Shelbyville	1909	1910
*Frederick C. Heath, Indianapolis	1910	1911
*William F. Howat, Hammond	1911	1912
*A. C. Kimberlin, Indianapolis	1912	1913
*John P. Salb, Jasper	1913	1914
*Frank B. Wynn, Indianapolis	1914	1915
*George F. Keiper, Lafayette	1915	1916
*John H. Oliver, Indianapolis	1916	1917
*Joseph Rilus Eastman, Indianapolis	1917	1918
*William H. Stemm, North Vernon	1918	1919
*Charles H. McCully, Logansport	1919	1920
*David Ross, Indianapolis	1920	1921
*William R. Davidson, Evansville	1921	1922
*Charles H. Good, Huntington	1922	1923
*Samuel E. Earp, Indianapolis	1923	1924
*Eldridge M. Shanklin, Hammond	1924	1925
Medical Association		
*Charles N. Combs, Terre Haute	1925	1926
*Frank W. Cregor, Indianapolis	1926	1927
*George R. Daniels, Marion	1926	1928
*Charles E. Gillespie, Seymour	1927	1929
*Angus C. McDonald, Warsaw	1928	1930
*Alois B. Graham, Indianapolis	1929	1931
*Franklin S. Crockett, Lafayette	1930	1932
*Joseph H. Weinstein, Terre Haute	1931	1933
*Everett E. Padgett, Indianapolis	1932	1934
*Walter J. Leach, New Albany	1933	1935
*Roscoe L. Sensenich, South Bend	1934	1936
*Edmund D. Clark, Indianapolis	1935	1937
Herman M. Baker, Evansville	1936	1938
*Edmund M. Van Buskirk, Ft. Wayne	1937	1939
*Karl R. Ruddell, Indianapolis	1938	1940
*Albert M. Mitchell, Terre Haute	1939	1941
*Maynard A. Austin, Anderson	1940	1942
*Carl H. McCaskey, Indianapolis	1941	1943
*Jacob T. Oliphant, Farmerburg	1942	1944
*Nelson K. Forster, Hammond	1943	1945
*Jesse E. Ferrell, Fortville	1944	1946
*Floyd T. Romberger, Lafayette	1945	1947
*Cleon A. Nafe, Indianapolis	1946	1948
*Augustus P. Hauss, New Albany	1947	1949
*C. S. Black, Warren	1948	1950
*Alfred Ellison, South Bend	1949	1951
*J. William Wright, Indianapolis	1950	1952
*Paul D. Crimm, Evansville	1951	1953
*Wm. Harry Howard, Hammond	1952	1954
*Walter L. Portteus, Franklin	1953	1955
*Walter U. Kennedy, New Castle	1954	1956
*Elton R. Clarke, Kokomo	1955	1957
M. C. Topping, Terre Haute	1956	1958
Kenneth L. Olson, South Bend	1957	1959
Earl W. Mericle, Indianapolis	1958	1960
Guy A. Owsley, Hartford City	1959	1961
*Harry R. Stimson, Gary	1960	1962
Maurice E. Glock, Fort Wayne	1961	1963
Donald E. Wood, Indianapolis	1962	1964
Joseph M. Black, Seymour	1963	1965
Kenneth O. Neumann, Lafayette	1964	1966
Eugene S. Rifner, Van Buren	1965	1967
*G. O. Larson, LaPorte	1966	1968
Patrick J. V. Corcoran, Evansville	1967	1969
Lowell H. Steen, Hammond	1968	1970
Malcolm O. Scamahorn, Pittsboro	1969	1971
Peter R. Petrich, Attica	1970	1972
James H. Gosman, Indianapolis	1972	1973

*Deceased.

Constitution and Bylaws of the Indiana State Medical Association

Constitution

ARTICLE I.—NAME OF THE ASSOCIATION

The name and title of this organization shall be the Indiana State Medical Association.

ARTICLE II.—PURPOSE OF THE ASSOCIATION

The purposes of this Association shall be to federate and bring into one compact organization the medical profession of the State of Indiana, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education; to promote friendly intercourse among physicians; to protect its members against imposition; and to enlighten and direct public opinion in regard to the great problems of medical care, and public health, so that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease and in prolonging and adding comfort to life.

ARTICLE III.—COMPONENT SOCIETIES

Component societies shall consist of those county medical societies which hold charters from this Association.

ARTICLE IV.—COMPOSITION OF THE ASSOCIATION

Section 1.—This Association shall consist of Active Members, Associate Members, Senior Members, Honorary Members, Disabled Members and Distinguished Members.

Sec. 2.—*Active Members.*—The active members of this Association shall be the members of the component county medical societies, and no county medical society shall grant active membership therein on a basis that does not include membership in the district medical society and in the Indiana State Medical Association.

Sec. 3.—*Interns and Residents.* Interns and Residents who hold membership in the Indiana State Medical Association shall have all the rights and privileges of this Association.

Sec. 4.—*Associate Members.*—Members of the Indiana State Dental Association in good standing are, by virtue of their membership therein, made associate members of the Indiana State Medical Association.

Sec. 5.—*Senior Members.*—Senior members shall be physicians of the state of Indiana who have attained the age of 70 years and have held membership in the Indiana State Medical Association for 20 years or more; or who have held membership in the Indiana State Medical Association or in some one or more other like state organization which is a component state organization of the American Medical Association, for a combined total of 20 years or more, and who, upon their application, have been certified to the Executive Secretary as eligible for such membership by the county societies of which they are members. It shall be the duty of the county medical society to verify, through the office or offices of any other state organization or organizations, the fact of membership therein when such membership is claimed as part compliance with the eligibility requirement of 20 years of membership.

Sec. 6.—*Honorary Members.*—Honorary members shall consist of teachers, scientists and others who have rendered highly meritorious service to the profession of medicine, and of physicians and surgeons of distinction, upon whom the Association may, through vote of the House of Delegates, desire to confer such membership as a special honor.

Sec. 7.—*Distinguished Members.*—Active members who have fulfilled the American Medical Association's Physician Recognition Award requirements of 150 hours for three years of continuing medical education as a minimum shall be designated as Distinguished Members.

Sec. 8.—*Disabled Members.*—Disabled Members shall consist of physicians of the state of Indiana who are certified by a member physician to be permanently disabled and no longer able to practice medicine and who continue to reside in the state of Indiana. Proof of permanent disability shall be by notification to the secretary of the Association by the secretary of the county medical society in which such permanently disabled physician holds membership.

Sec. 9.—*Rights and Privileges of Members.*—Active members, senior members and disabled members shall have the same rights and privileges except as follows:

a. Senior members shall not be required to pay membership dues in the State Association.

b. If senior members desire to receive THE JOURNAL of the State Association, they shall pay the regular subscription price therefor.

c. Senior members who desire the benefit of medical defense as provided by the Bylaws of this Association shall pay the amount stipulated in Section 1, Chapter XXXIV of the Bylaws for this coverage.

d. Honorary members hereafter elected shall hold such membership as an honor and distinction and

shall have the right to attend meetings of the Association. They shall have the privilege of participating in discussions but shall have no right to vote or to hold office. They shall not be required to pay membership dues in the State Association.

e. All such disabled members, as defined above, shall receive association membership cards and THE JOURNAL of the Association without charge.

ARTICLE V.—HOUSE OF DELEGATES

Sec. 1.—The House of Delegates shall be the legislative and business body of the Association and shall consist of (1) Delegates, or their designated alternates, elected by the component county societies; (2) the Trustees, or their designated alternates, and (3) the ex-presidents of the Indiana State Medical Association. The delegate or their designated alternate delegate elected by their respective section shall also be a member but without power to vote. The following shall be *ex officio* members: the President, the President-elect, the Executive Secretary, the Treasurer and Assistant Treasurer of this Association, the Speaker, the Vice-Speaker and the delegates to the American Medical Association, all without power to vote, except in case of a tie vote, when the President or person presiding shall cast the deciding vote.

Sec. 2.—The Speaker of the House of Delegates shall preside at all meetings. He shall be elected annually from the membership of the House. *Ex officio,* the Speaker shall be a member of all Commissions and Committees and the Board of Trustees of this Association without the power to vote. Training in parliamentary procedure shall be mandatory for the Speaker and shall be provided at the expense of the Association.

Sec. 3.—The Vice-Speaker of the House of Delegates shall preside at meetings in the absence of the Speaker or at the request of the Speaker. The Vice-Speaker shall be elected annually from the membership of the House. *Ex officio,* he shall be a member of all Commissions and Committees and the Board of Trustees of this Association without the power to vote. Training in parliamentary procedure shall be mandatory for the Vice-Speaker and shall be provided at the expense of the Association. In the event the Speaker dies or resigns while in office, the Vice-Speaker shall assume the role of Speaker for the unexpired term.

Sec. 4.—All sessions of the House of Delegates shall be open to all members in good standing of this Association for observation.

ARTICLE VI—BOARD OF TRUSTEES

The Board of Trustees shall consist of (1) the Trustees with power to vote and their duly elected alternates, each of the latter without power to vote except in the absence of his Trustee; and (2) ex-officio, the President, President-elect, Treasurer, immediate Past President with power to vote, Assistant Treasurer without power to vote except in case the Treasurer be absent, and the Speaker and Vice-Speaker without power to vote. Besides its duties mentioned in the Bylaws, the Board of Trustees shall have full charge and control of all the property of the Association. It shall have full authority and power of the House of Delegates between sessions of the House of Delegates, except that it shall not make changes in the laws governing the Association nor exercise legislative functions, except as stated in the By-laws, and at all times shall be the finance committee of the Association. A majority of elected Trustees shall constitute a quorum.

ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES

The House of Delegates may provide for a division of the scientific work of the Association into appropriate sections; and for the organization of such Trustee District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies. Trustee districts shall be defined by the House of Delegates.

ARTICLE VIII.—CONVENTION AND MEETINGS

Section 1.—The Association shall hold an Annual Convention during which there shall be held such general and section meetings as the Association through its duly constituted officers and committees may provide for.

Sec. 2.—The House of Delegates shall select the place five years in advance for holding the Annual Convention. The time for the convention shall be fixed by the Board, and the Board shall have the power also to change the place for holding the convention where conditions may create difficulties in holding a successful convention at the place designated by the House of Delegates.

Sec. 3.—Special meetings of either the Association or the House of Delegates shall be called by the President upon receipt of a petition signed by thirty delegates or one hundred members. The signed petition shall contain the names of at least ten delegates or thirty-four members from each of at least three Board districts. Upon receipt by the President of such a petition, the President shall within thirty days thereafter issue a call for such special meeting at a time and place to be fixed by the President. The President, in specifying the time of such special meeting, shall fix the same as soon thereafter as reasonable and suitable arrangements can be made.

ARTICLE IX.—OFFICERS

Section 1.—The officers of this Association shall be a President, a President-elect, the immediate Past President, an Executive Secretary, a Treasurer, an Assistant Treasurer, a Speaker, a Vice-Speaker, and the Trustees, each of whom shall be a member, except the Executive Secretary, who need not necessarily be either a physician or a member.

Sec. 2.—The officers, except the Trustees and the Executive Secretary, whose election has been provided for hereinafter, shall be elected annually. The terms of elected Trustees shall be for three years and approximately one-third of the number shall be elected annually. No Trustee shall be eligible to serve longer than two consecutive three-year terms, effective with the beginning of his next election following the adoption of this amendment.

All of these officers shall serve until their successors are elected and installed. Provided, that if any elected Trustee fails, without reason acceptable to the Board, in any one calendar year to attend a majority of the meetings of the Board, he shall thereby cease to be a Trustee, and the Executive Secretary shall thereupon take action in accordance with Section 4 of this article.

Sec. 3.—The officers of this Association with the exception of the Executive Secretary shall be elected by the House of Delegates as the first order of business at the final meeting of the House of Delegates, and no person shall be elected to any such office who has not been an active member of the Association for the preceding two years.

Sec. 4.—The Trustees shall be elected by the respective district societies. If any district fails to meet and elect its Trustee(s) or Alternate Trustee(s) by the time of the expiration of the incumbent's term of office, the Executive Secretary of the Association shall cause a special meeting to be called by said district society for the purpose of such election.

Sec. 5.—Each Trustee district shall elect alternate Trustee(s) whose term of office shall be the same as the Trustee, namely three years. The alternate Trustee shall be elected in a year during which there is no Trustee elected.

The duties of the alternate Trustee shall be:

1. To represent the Trustee district in the absence of the regularly elected Trustee.
2. To vote only in the absence of the regularly elected Trustee either in the House of Delegates or in Board meetings where he represents the regularly elected Trustee.

Sec. 6.—Any officer may be removed from office after a hearing before the Board, on thirty days' notice, on charges in writing, upon a vote of three-fourths of the members of the Board.

Sec. 7.—In event of the death, resignation, removal, or disability of the President, the President-elect shall succeed to the presidency. In the event of the death, disability, resignation or removal of both the President and the President-elect, the chairman of the Board shall become President pro tem and as such shall, within a period of sixty days, call a special session of the members of the House of Delegates for the purpose of electing members to fill these vacancies, who shall serve until the next regular meeting of the House of Delegates, at which time both a President and a President-elect shall be elected, both of whom shall take office immediately upon their election.

Sec. 8.—A vacancy in the office of Treasurer or Assistant Treasurer shall be filled by an election by the Trustees at the next regular meeting of the Board following the occurrence of such vacancy.

Sec. 9.—In the event of a vacancy occurring from any cause, except expiration of the term of office, in the office of any district Trustee, the duly elected alternate Trustee from the same district shall succeed to the office of Trustee in that district for the unexpired term of said Trustee.

In the event vacancies occur in any Trustee district in the offices of both Trustee and alternate Trustee, the vacancies shall be filled by an election by the members of the Association within the Trustee district in which such vacancies occur. A call for such elections shall be issued by the Executive Secretary of the State Association following conference with the officers of the district organization. The call shall state the time and place of holding the election and shall be sent registered mail to the county secretary as filed in the state secretary's office of each component society within the district. Such call shall be mailed within ten days after the state secretary has learned of the vacancies. The election may be held at a special or regular meeting in which other business than the election may be transacted. Such election shall be held within fifteen days after the secretary of the State Association shall have mailed such call.

Sec. 10.—None of the officers shall receive compensation except the Executive Secretary, who shall be employed by the Board, and the Board shall fill any vacancy in that office.

ARTICLE X.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES

In order to broaden professional fellowship, this Association is ready to arrange with other State Medical Associations for an interchange of certificates of membership so that members moving from one state to another may avoid the formality of re-election.

ARTICLE XI.—INCOME AND EXPENSES

Funds for carrying on the activities of this Association shall be raised by the following means:

a. Membership dues to be collected may be collected by the Indiana State Medical Association or by the component county societies in connection with the dues for such component societies. The amount of dues of each component society shall be fixed by the society itself; and the amount of dues for this Association shall be fixed from time to time by the House of Delegates.

b. Voluntary contributions.

c. Revenues derived from the Association's publications.

d. Any other manner approved by the House of Delegates.

Funds may be appropriated by the House of Delegates to defray the expenses of the Association, for publications, and for such other purposes as will promote the welfare of the profession. All motions and resolutions appropriating funds must be referred to the Executive Committee and Board for approval before final action is taken thereon.

ARTICLE XII.—REFERENDUM

Section 1.—A general Meeting of the Association may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Association, who may vote by mail or in person, and if the members voting shall comprise a majority of all members of the Association, a

majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2.—The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

ARTICLE XIII.—THE SEAL

The Association shall have a common Seal, with power to break, change or renew the same at pleasure.

ARTICLE XIV.—AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the delegates present at any Annual Convention, provided that such amendment shall have been presented in open meeting at the previous Annual Convention, and that it shall have been published twice during the year in THE JOURNAL of this Association.

Bylaws

CHAPTER I—MEMBERSHIP

Sec. 1.—The term "Member" as used in these Bylaws unless otherwise indicated shall mean both active and Senior Members of component county medical societies who hold either the Degree of Doctor of Medicine, Bachelor of Medicine, or who hold an unrestricted license to practice medicine and surgery.

Sec. 2.—Any physician who is a member in good standing of a component county society and who has paid to this Association his annual dues is a member in good standing of the Indiana State Medical Association, provided, however, that he is a citizen of the United States of America, or has filed his declaration of intention of becoming a citizen and his first citizenship papers are in full force and effect.

Sec. 3.—No person whose license to practice medicine has been suspended or revoked or who is under sentence of suspension or expulsion from a compoent society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Association or of a component county society, nor shall he be permitted to take part in any of their proceedings until he has been relieved of such disability.

Sec. 4.—Each member in attendance at the Annual Convention shall register by indicating the component society of which he is a member. When his right to membership has been verified, by reference to the roster of his society, he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that convention. No member shall take part in any of the proceedings of an Annual Convention until he has complied with the provisions of this section.

CHAPTER II.—GENERAL MEETINGS

Section 1.—General Meetings shall mean all meetings planned for attendance by all registered members, and shall include those meetings in which guests of registered members or the general public are also invited. The address of the President may be delivered in a General Meeting, and the programs of General Meetings shall be arranged by the Executive Committee except where scientific papers are included, in which event the scientific part of the program shall be arranged by the Commission on Convention Arrangements, with the sanction and approval of the officers.

Sec. 2.—The General or Section Meetings may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

Sec. 3.—All scientific papers read before the Association or any of the sections shall become its property and shall not be published in any but the official publications of this Association, except by consent of the officers and the Editorial Board of this Association. Each such paper shall be deposited with the Executive Secretary when read.

Sec. 4.—The Board shall appropriate from the funds of the Association such an amount as in the discretion of the Board shall be reasonably needed for that purpose, and no commitments shall be made for expenses in excess of the amount appropriated for such Convention. The funds so appropriated shall, upon the approval of the Executive Committee, be expended at the direction of the Commission on Convention Arrangements appointed by the President for the Convention for which the appropriation is made. All money in excess of that expended for actual expenses incurred shall revert each year to the treasury of the Association.

Sec. 5.—Any of the component member county societies wishing to invite the Indiana State Medical Association to hold its annual meeting in its locality shall submit an invitation in writing at least five years in advance to the Board of Trustees. The Board of Trustees shall make an investigation of the facilities and in turn recommend the location of the annual meetings for concurrence by the House.

CHAPTER III.—SECTIONS

Section 1.—During the Annual Convention the Association in addition to the general meetings may hold the following section meetings:

a. Surgical.
b. Internal Medicine
c. Eye, Ear, Nose, and Throat.
d. Anesthesia.
e. Family Physicians.
f. Obstetrics and Gynecology.
g. Preventive Medicine and Public Health.
h. Radiology.
i. Nervous and Mental Diseases.
j. Pathology and Forensic Medicine.
k. Pediatrics.
l. Directors of Medical Education.
m. Cutaneous Medicine.
n. College Health Physicians
o. Interns and Residents.
p. Allergy.

q. Urology.

r. Any other sections that hereafter may be provided for by the House of Delegates.

Sec. 2.—The officers of each section shall be a chairman, a vice-chairman, and a secretary, and they shall preside over the meetings of the sections and shall be responsible to the Committee on Scientific Work for the section speakers and papers.

Sec. 3.—The election of officers of the sections shall be the last order of business of the last meeting of the sections during the Annual Convention.

Sec. 4.—No section meeting shall be allowed to conflict with a general meeting.

CHAPTER IV.—HOUSE OF DELEGATES

Section 1.—The House of Delegates may meet on the day before the date set for the beginning of the general registration of the attendance at the Annual Convention. It may adjourn from time to time as may be necessary to complete its business, provided that its hours shall conflict as little as possible with the general or section meetings. It shall meet on the last day of the Annual Convention for the election of officers for the ensuing year, and for the completion of any business previously introduced. The order of business shall be arranged as a separate section of the program. Nominations for officers of the Association may be made at any meeting of the House of Delegates.

Sec. 2.—Each component county society shall be entitled to send to the House of Delegates each year one delegate for every fifty members and one for each major fraction thereof; but, irrespective of the number of members, each component society which has made its annual report and paid its assessments, as provided in this Constitution and Bylaws, shall be entitled to one delegate, except that where a component society is made up of physicians of more than one county, each county shall be entitled to at least one delegate and one alternate delegate who shall be a resident of the county he represents as a delegate or alternate delegate and who shall be selected by the physicians residing in such county. Two delegates are to be selected by the Indiana Chapter Student American Medical Association who shall be seated though without power to vote.

The number of delegates to which each component society is entitled shall be based upon the number of members on record in the office of the Executive Secretary in good standing with current dues fully paid as of December 31 of the preceding year.

All sections listed in Chapter III, Section 2, of these Bylaws shall be entitled to send to the House of Delegates each year one delegate or one alternate delegate without the power to vote.

The names of duly elected delegates and alternates from each component society shall be sent to the Executive Secretary of this Association on or before February 1, prior to the Annual Convention at which such delegates are to serve. No one shall be entitled to a seat in the House of Delegates unless his credential card as a delegate or alternate, properly signed by the secretary of his county medical society, is presented to the Committee on Credentials at the time of the Annual Convention.

Sec. 3.—Fifty delegates shall constitute a quorum.

Sec. 4.—The House of Delegates shall:

a. Elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body.

b. Divide the state into Trustee districts, specifying what counties each district shall include, and when the best interests of the Association and profession will be promoted thereby, organize in each district a medical society, and all members of component county societies, and no others, shall be members of such district societies.

c. Have authority to appoint committees for special purposes from among members of the Association who need not be members of the House of Delegates. Such committees shall report to the House of Delegates, and the members of such committees may be present and participate in the debate on their reports.

d. Approve all memorials and resolutions issued in the name of the Association before the same shall become effective.

Sec. 5. Proposals calling for appropriations of funds by the House of Delegates shall be accompanied by a fiscal note and shall be submitted to the Executive Committee and the Board for review, presentation and recommendation for final action of the House. No proposal calling for appropriations shall be considered if not accompanied by a fiscal note.

Sec. 6.—At the first meeting the President shall announce the membership of the reference committees, as hereinafter provided for, and any other committees considered by him necessary to expedite the business of the Association.

Sec. 7.—All resolutions to be presented to the House of Delegates for action shall be prepared and mailed to the Executive Secretary of the Association so that he will receive them not later than 45 days prior to the meeting of the House of Delegates to which the resolutions will be presented for action.

Provided, that where a resolution has been first submitted to the Committee on Rules and Order of Business together with a written statement setting forth the reasons why said resolution was not mailed to the Executive Secretary more than 45 days prior to the meeting of the House of Delegates and also setting forth in said written statement the reasons why said resolution is of such an emergency nature that it cannot wait until the next meeting of the House, and that said Committee on Rules and Order of Business has approved said resolution for submission to the House, and that each delegate shall be furnished a copy before the next meeting of the House, then this subsection of the Bylaws may be suspended with respect to said resolution upon a two-thirds vote of the House of Delegates.

The Committee on Rules and Order of Business, mentioned above, shall be composed of the chairmen of the various Reference Committees appointed by the President.

Sec. 8.—The final vote on any issue calling for changes in dues or in dues structure shall be by

roll call vote. Each member's vote shall be permanently recorded and no suspension of this rule will be allowed on the final vote of such an issue.

CHAPTER V.—ELECTION OF OFFICERS

Section 1.—The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the last day of the Annual Convention.

Sec. 2.—All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect. In case no nominee receives a majority on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken.

Sec. 3.—Any person known to have solicited votes for or sought any office within the gift of this Association shall be ineligible for any office for two years.

Sec. 4.—The President, President-elect, Treasurer and Assistant Treasurer shall serve from the termination of the annual meeting of the House of Delegates in which the President-elect, Treasurer and Assistant Treasurer are elected until the termination of the succeeding annual meeting of the House of Delegates.

Sec. 5.—The officers of the Association shall be installed by taking the following oath of office to be administered by the outgoing President of the Association at the final meeting of the House of Delegates:

Sec. 6.—I, , solemnly swear that I shall carry out to the best of my ability, the duties of the office of the Indiana State Medical Association to which I have been elected.

I shall strive constantly to maintain the ethics of the medical profession and to promote the public health and welfare. I shall dedicate myself and my office to improving the health standards of the American people and to do the task of bringing increasingly improved medical care within the reach of every citizen.

I shall uphold the Constitution of the United States of America and of the State of Indiana, the Constitution and Bylaws of the American Medical Association and the Constitution and Bylaws of the Indiana State Medical Association at all times.

I shall champion the cause of freedom in medical practice and freedom for all my fellow Americans. To these duties and obligations, I pledge myself, so help me God.

CHAPTER VI.—DUTIES OF OFFICERS

Section 1—The President, or a member designated by him, shall preside at all general meetings of the Association and of the House of Delegates. The President shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged by the Executive Committee, and shall perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the state during his term of office, and as far as practicable, shall visit by appointment the various sections of the state and assist the Trustees in building up the county societies and in making their work more practical and useful.

Sec. 2.—The President-elect's term of office shall be for one year, at the completion of which he succeeds to the presidency. While President-elect, he shall assist the President in the discharge of his duties.

Sec. 3.—The Treasurer shall give bond at the expense of the Association in such an amount as shall be required by the Board. He shall receive all bequests and donations to the Association and shall demand and receive all funds due the Association except accounts due THE JOURNAL in the conduct of its business. The funds of the Association shall be deposited in a depository or depositories designated by the Executive Committee, and withdrawals from such funds shall be made on checks or drafts signed by the Treasurer and the chairman of the Board. He shall present to the House of Delegates annually a report of the receipts and expenditures, and the state of the funds in his hands, and shall subject his accounts to an annual audit by a Certified Public Accountant.

The Assistant Treasurer shall give bond at the expense of the Association in such amount as shall be required by the Board unless he is included in the coverage of a blanket or position bond. In case of death, or incapacity of the Treasurer, he shall succeed to all the duties and rights of the Treasurer until a new Treasurer be elected. In the absence of the Treasurer, he shall attend to the duties and rights of the Treasurer during such absence and he shall also perform such duties of the Treasurer as may be delegated and assigned to him by the Treasurer.

Sec. 4.—The Executive Secretary shall be the directing manager of the Association's headquarters and JOURNAL offices, and shall supervise the work of all salaried employees in the Association offices. Such supervision shall be subject to directives from the House of Delegates, the Board, the Executive Committee, and the President of the Association. He shall discharge the administrative functions of the Association not within the duties of other officers or of committees to perform. He shall assist, at their request, all officers and committees, and shall keep himself informed in regard to non-professional matters affecting the medical profession, for the purpose of keeping himself qualified to perform the services herein mentioned. He shall be responsible for the execution and carrying out of the policies of the Association and in that connection shall perform all specific tasks committed to him by the committees, the Board, and the officers of this Association. The amount of his salary shall be fixed by the Executive Committee on approval of the Board.

Sec. 5.—The necessary expenses of the above officers incurred in the line of duty herein imposed shall be allowed for in the budget, but excepting the Executive Secretary, this shall not include the expenses of attending the Annual Convention.

CHAPTER VII—BOARD OF TRUSTEES

Section 1.—The Board shall meet as follows: 1. The Board shall meet at least once each quarter of the calendar year, the time, date and location to be fixed by the Board. 2. On the day preceding the first day for the scientific meetings of the Annual Convention of the Association. 3. On the last day of the Annual Convention of the Association after the adjournment of the

House of Delegates. 4. At such other times as necessity may require, subject to the call of the chairman, or on petition of three Trustees. It shall hold no meeting that will conflict with any meeting of the House of Delegates. It shall elect a chairman, and a clerk, who, in the absence of the Executive Secretary of the Association, shall keep a record of its proceedings. It shall, through its chairman, make an annual report to the House of Delegates. It shall organize itself at the meeting following the final session of the House of Delegates by electing its chairman who shall serve for one year. The chairman of the Board shall be elected by secret ballot. The number of terms of the chairman shall be limited to not more than three in succession.

Terms of Trustees shall begin with the first meeting of the Board following the final session of the House of Delegates at the Annual Session.

Sec. 2.—Each Trustee shall be organizer, peacemaker, and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his work and of the condition of the profession of each county in his district, the same to be published in the number of THE JOURNAL which is issued immediately preceding the Annual Convention. The House of Delegates may take such action, if any, as it deems appropriate upon such reports. The necessary expenses incurred by such Trustee in the line of the duties herein imposed may be allowed by the Board on a properly itemized statement, but this shall not be construed to include his expense in attending the Annual Convention of the Association.

Sec. 3.—The Board shall, through its officers and otherwise, give diligent attention to and foster the scientific work and spirit of the Association, and shall study and strive constantly to make each Annual Convention a stepping stone to future ones of higher interest.

Sec. 4.—The Board shall, in connection with the House of Delegates, consider and advise as to the interests of the profession and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public health legislation and to diffuse popular information in relation thereto.

Sec. 5.—The Board shall make careful inquiry into the condition of the profession of each county in the state and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality and shall continue these efforts until every physician in every county of the state who can be made reputable has been brought under medical society influence.

Sec. 6.—The Board shall encourage postgraduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

Sec. 7.—The Board shall, upon application, provide and issue charters to county societies organized to conform to the spirit of this Constitution and Bylaws.

Sec. 8.—In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies to be designated by hyphenating the names of two or more counties so as to distinguish them from district and other classes of societies; and these societies, when organized and chartered, shall be entitled to all the privileges and representation provided herein for county societies, until such counties may be organized separately.

Sec. 9.—The Board shall be the Board of Censors of the Association. It shall consider all questions involving the rights and standings of members whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates or the General or Section Meetings shall be referred to the Board without discussion. It shall hear and decide all questions of discipline affecting the conduct of members of component societies on which an appeal is taken from the decision of an individual Trustee, and its decision in all such matters shall be final.

Sec. 10.—The Board shall provide for and superintend all publications of the Association, and shall have authority to appoint an editor and such assistants as it deems necessary, and fix the amount of their salaries. The proceedings of the Board for the year shall be reported to the House of Delegates at the Annual Convention and be published in the number of THE JOURNAL which immediately precedes the Annual Convention.

Sec. 11.—In the interim between the meetings of this Association, the Board shall be the executive body of the Association, with full power to fill vacancies or transact any business that emergencies or the welfare of the Association may require.

Sec. 12.—The Board shall at its meeting following the close of the House of Delegates elect two members of the Association, at large, or of the Board, who, with the President, the President-elect, the Treasurer, and the chairman of the Board, shall constitute and be known as the Executive Committee. If such members of the Executive Committee be not members of the Board they shall not have the power of vote in the Board.

CHAPTER VIII.—ORGANIZATION OF ACTIVITIES AND RESPONSIBILITIES

Section 1.—The work of the Association, the performance of which is not provided for elsewhere in the Constitution or Bylaws, and is not carried on in the meetings of the Board or of the House of Delegates, or by special committees created by the Executive Committee, the Council or the House of Delegates, shall be performed by the following standing committees and commissions:

The Executive Committee
The Grievance Committee
The Student Loan Committee
The Medical-Legal Review Committee
The Future Planning Committee

The Committee on Sports and Medicine
The Committee of Medicine and Religion
The Commission on Convention Arrangements
The Commission on Constitution and Bylaws
The Commission on Legislation
The Commission on Public Information
The Commission on Governmental Medical Services
The Commission on Public Health
The Commission on Voluntary Health Agencies
The Commission on Medical Economics and Insurance
The Commission on Inter-Professional Relations
The Commission on Medical Education and Licensure
The Commission on Special Activities
The Commission on the Aged and Aging
The Commission on Emergency Medical Services
The Commission on Specialty Medicine

The difference between committees and commissions is shown in the provision of these Bylaws pertaining to their work and composition.

Sec. 2.—Except when otherwise stated in the Bylaws, a committee shall consist of not less than five nor more than nine members and shall be appointed annually by the President. The President shall also appoint the chairman and the vice-chairman of each committee.

Sec. 3.—Each commission will consist of fifteen members appointed by the President, with at least one member from each Trustee district. The original appointees in each commission shall be divided into three groups by lot. The first group shall serve three years; the second, two years; and the third, one year. Thereafter, each incoming President shall appoint five members of each commission to fill the vacancies resulting from the expiration of the terms of members, and such appointments shall be for three years. The President shall also appoint members to fill the unexpired term where any vacancy occurs through death, resignation or otherwise. The President shall also appoint the chairman and the vice-chairman of each commission.

Sec. 4.—The President shall have the power, with the approval of the Board, to remove any member of any committee or commission where such member, for any reason, does not or cannot work at attempting to perform the duties pertaining to membership on such committee or commission.

Sec. 5.—Unless otherwise provided in these Bylaws, no member of either a committee or a commission shall serve on the same committee or commission more than two consecutive terms, but this shall not prevent him serving more than two terms if the term of another member intervenes. The time given to the serving of an unexpired term shall not be considered in determining the period within which a member may serve consecutively.

Sec. 6.—Within sixty days after the meeting of the State Convention, the President will call all commissions and committees into a joint meeting in which he will give a statement of the duties and responsibilities of all committees and commissions, call special attention to any immediate problems confronting the Association, and assign such problems or parts thereof to appropriate committees and commissions. In these meetings the commissions may provide for such subcommittees within the separate commissions as they may deem advisable. Each committee or commission shall have the right to call upon other committees, commissions or members of the profession for counsel and advice with respect to its work.

Sec. 7.—Each committee and commission shall have the privilege and is encouraged to have joint meetings with any like committee or commission of the Auxiliary where such like committee or commission exists, for the purpose of coordinating their activities to make them more effective in the medical service of the public and the intent of the Association.

Sec. 8.—Each committee and commission shall have the duty and responsibility of keeping constantly and currently informed on the matters within the area of its special interest and activity; of studying the conditions within that area with the purpose of finding possibilities of improvement; of finding the best solutions it can to the specific problems referred to it; of contributing in its area to the achievements of the Association as a whole in the protection and improvement of the health of the whole human family and finally of making all its efforts useful by passing on to the Association in the most effective manner possible the results of its studies and activities in its own area of special interests.

Sec. 9.—The President and Executive Secretary shall be *ex officio* members of all the foregoing committees and commissions without voting rights where their inclusion on the committee or commission is not otherwise provided for in these Bylaws.

CHAPTER IX.—THE EXECUTIVE COMMITTEE

Section 1.—The Executive Committee, constituted as provided in Section 12 of Chapter VII of these Bylaws, shall hold its first meeting immediately following the meeting of the Board held at the close of the last meeting of the House of Delegates in the Annual Convention, and shall organize by electing its chairman. Its secretary shall be the Executive Secretary of the Association. It shall meet with the Executive Secretary on the call of the chairman, or of any three members, to plan and execute such work as may be necessary for the welfare of the Association and the conduct of the Executive Secretary's office. It shall have all jurisdiction with respect to medical defense activities of the Association and shall be governed by the rules it adopts concerning that activity and by the Bylaws of this Association. It shall make decisions for the Association, including matters pertaining to THE JOURNAL, during the intervals between the meetings of the Board, and shall report its actions to the Board.

Sec. 2.—It shall prepare a budget for the ensuing fiscal year; and all expenditures of the Association, except those otherwise provided for under the Constitution and Bylaws, shall be governed by the budget. No expense not provided for in the budget or otherwise under the Constitution and Bylaws shall be incurrred by any officer, commission or committee. A committee, commission or officer may submit a request for funds to meet unusual expenses not included in the annual budget, and the Executive Committee shall have the

power, by a two-thirds vote, to amend the budget to provide such funds.

CHAPTER X.—THE GRIEVANCE COMMITTEE

Section 1.—The Grievance Committee shall be composed of nine physicians, three of whom may be past presidents of the Association, and all of whom shall be appointed by the President. Not more than two physicians shall be appointed from any one Trustee district. No member shall hold any elective office in the State Association during tenure on this committee. Of the nine physicians first appointed, three shall serve for a period of one year; three for two years; and three for three years. Thereafter, three shall be appointed each year for a three-year term to fill the vacancies caused by the expiration of terms. Any vacancy occurring in this committee, other than by expiration of term, shall be filled by an interim appointee to serve the balance of the unexpired term. This committee shall organize itself by electing a chairman, a vice-chairman and a secretary.

Sec. 2.—This provision regarding the constitution of the Grievance Committee shall be construed to mean that the present committee of that name is continued in that position with the terms of its members expiring and new members to be appointed on the basis of this provision being operative and effective as of the dates of their respective original appointments; and it is not to be construed as having the effect of creating a new committee, all of whose members are to be appointed upon this amendment being adopted and becoming effective.

Sec. 3.—In addition to the above provided organization and membership of the committee, the President of the Association shall appoint an accredited psychiatrist as a consultant for the committee, whose tenure of office shall be on an annual basis. The appointment of the psychiatrist may be made from any Trustee district of the Association, irrespective of the membership of the committee including another member or members from the same Trustee district. He shall have the same rights and privileges as other members of the committee except that he shall not have the right to vote.

Sec. 4.—The duties of this committee shall be to receive complaints, appeals or suggestions from physicians or laymen concerning professional conduct. It shall attempt to find the facts regarding any matter brought to its attention, through procedures proper and appropriate to that end, and shall attempt to adjust differences between patients and physicians, and between physicians. It may, if it believes the facts justify such action, cite a member of the Association to the Board of the State Association. It shall, subject to the approval of the Board, draw up a set of rules and regulations governing its procedure and official actions.

CHAPTER XI.—THE COMMISSION ON CONVENTION ARRANGEMENTS

Section 1.—The Commission on Convention Arrangements, with the advice and assistance of the Executive Secretary, shall provide suitable accommodations for meetings of the Association, including the House of Delegates, Board, and of their respective committees, the scientific and technical exhibits, and in conjunction with the Executive Secretary, shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Executive Secretary of the Association for publication in THE JOURNAL and in the official program, and shall make additional announcements during the session as occasion may require. The arrangements and the character of any and all technical exhibits must meet with the approval of the Executive Committee of the Association.

Sec. 2.—It shall, with the approval of the Executive Committee, prepare a program for scientific work for the Annual Convention in which shall be included the respective programs for section meetings which shall be prepared through cooperation with the officers on the various sections: and it shall, with the approval of the Executive Committee, arrange for scientific exhibits as a part of the Annual Convention.

Sec. 3.—The general, scientific and sectional programs, and the financial arrangements to provide for them must be approved by the Executive Committee before being officially announced.

CHAPTER XII.—THE STUDENT LOAN COMMITTEE

Section 1.—The Student Loan Committee shall be constituted as follows:

(a) The President of Indiana State Medical Association
(b) One Trustee of the Association to be appointed by the President
(c) One general practitioner to be appointed by the President
(d) One specialist to be appointed by the President
(e) The Treasurer of Indiana State Medical Association
(f) The Dean of Indiana University School of Medicine
(g) One of the attorneys of Indiana State Medical Association to be appointed by the President

Sec. 2.—This committee shall have authority to make loans to medical students in accordance with the terms and conditions under which funds are made available for that purpose. The committee shall organize itself at its first meeting following the Annual Convention of the Association, by the election of a chairman and a secretary. The committee shall adopt its own rules and regulations, subject to the approval of the Board. The secretary shall have the duty and responsibility of keeping minutes of all transactions of the committee, and shall file a copy of such minutes, as well as a copy of all papers pertaining to any application or loans, in the Headquarters Office of the Association.

CHAPTER XIII.—THE MEDICAL-LEGAL REVIEW COMMITTEE

Section 1.—The Medical-Legal Review Committee shall consist of three members whose duty it shall be to meet in joint session and work with a similar committee to be appointed by the President of the State Bar Association. This committee of the Medical Association shall function as the medical representatives

provided for in the Joint Inter-Professional Code of the State Medical Association and the State Bar Association to carry out the purposes of that Code. Its duties shall be as stated in that Code in the form in effect from time to time as approved by the Association, and in all other medical-legal matters.

CHAPTER XIV.—THE FUTURE PLANNING COMMITTEE

Section 1.—The Future Planning Committee shall consist of nine members to be appointed by the President for terms of three years. Terms shall be staggered so that three members' terms expire each year; at the first, three members shall be appointed for one year, three for two years and three for three years. Thereafter all appointments shall be for a period of three years. The President, President-elect, chairman of the Board, Chairman of the Executive Committee and Editor of THE JOURNAL shall be ex officio members. The membership should be varied, according to experience, age, size of local county medical society and geographical area. At least one-third to one-half should be in the age group who would be in practice in the future contemplated, that is ten to twenty years distant.

Sec. 2.—The function of this committee shall be to study and anticipate future trends and to stimulate the various commissions in coordinated directions so there is concord to the entire operation of Indiana State Medical Association. It is not contemplated that it be an operational committee.

CHAPTER XV.—THE COMMISSION ON CONSTITUTION AND BYLAWS

Section 1.—The Commission on Constitution and Bylaws shall keep in contact with the developments and changes in procedures in carrying on the work of this Association; shall suggest revisions necessary to keep the Constitution and Bylaws always in accord with the practices and procedures best adapted to the functioning of the Association; and shall keep the practices and procedures of the Association consistent with the provisions from time to time contained in the Constitution and Bylaws—to the end that all members of the profession, by reference to the Constitution and Bylaws, may be able to obtain accurate information regarding procedure and practice within the Association, and that hampering of such procedure and practice by obsolete provisions in the Constitution and Bylaws may be avoided.

CHAPTER XVI.—THE COMMISSION ON LEGISLATION

Section 1.—The Commission on Legislation shall study all legislation, both state and national, and all local legislative trends and movements, as to their effect upon the practice of medicine and the protection of the public health; shall keep the profession informed at all times concerning the matters within its area of responsibility; shall conduct investigations of legislative proposals; and shall maintain liaison with members of the State Legislature and of the United States Congress, and with the legislative activities of the American Medical Association. It shall strive to implement and make effective the legislative proposals adopted by the Association.

CHAPTER XVII.—THE COMMISSION ON PUBLIC INFORMATION

Section 1.—The Commission on Public Information shall collect and organize for dissemination to the public all matters of public interest within the field of medicine, including the activities of other commissions in which the public interest would be involved, and including also the achievements in the advancement of medicine which would be of interest to the public; shall disseminate all such information through the use of whatever media the commission may find adaptable to that purpose so that such information may be brought to the public in the most effective and convincing manner; and shall develop and maintain the relations of the medical profession with the public in such a way as to give the lay public a better knowledge and understanding of the aims, objects and value of the profession to the public.

CHAPTER XVIII.—THE COMMISSION ON GOVERNMENTAL MEDICAL SERVICES

Section 1.—The Commission on Governmental Medical Services shall concern itself and assume special responsibility in obtaining information and giving counsel and advice to the Association with respect to all matters in which medical service comes into contact with any existing or proposed functions of government, including civil defense, rehabilitation of persons handicapped by abnormality or disease, medical service in welfare departments, maternal and child health programs sponsored through governmental agencies, medical care of military manpower, plans and programs for medical care of veterans, medical care for dependents of those in uniformed services of the government, plans and programs of the government for medical care now existing or which may hereafter be adopted by any special group, government programs for elimination of venereal disease and other communicable diseases, and all programs and plans for medical care to be provided through municipal, state or federal governments.

CHAPTER XIX.—THE COMMISSION ON PUBLIC HEALTH

Section 1.—The Commission on Public Health shall assemble and study information regarding industrial medical practice, rural health, preventive medicine, placement of physicians, traffic safety, conservation of hearing and vision; and shall bring such information, and the possibility of progress and advancement in such fields, to the attention of the medical profession, with suggestions for improvements as the commission finds such possibilities.

CHAPTER XX.—THE COMMISSION ON VOLUNTARY HEALTH AGENCIES

Section 1.—The Commission on Voluntary Health Agencies shall maintain liaison between all voluntary health agencies and the Association; shall study and counsel in regard to planning all educational and other

activities of such agencies; and shall keep the Association fully informed at all times regarding present and contemplated programs of these agencies.

CHAPTER XXI.—THE COMMISSION ON MEDICAL ECONOMICS AND INSURANCE

Section 1.—The Commission on Medical Economics and Insurance shall study and improve forms used in medical and hospital insurance; shall continuously be interested in all types of plans for prepayment of medical and hospital expense, and for provision for medical and hospital service through all types of group activity; shall maintain liaison with labor with respect to labor's problems involving medical and hospital care, and Workmen's Compensation problems; and shall seek improved solutions of professional liability or malpractice problems, tax problems in relation to medical practice, and problems involving physician retirement plans.

CHAPTER XXII.—THE COMMISSION ON INTER-PROFESSIONAL RELATIONS

Section 1.—The Commission on Inter-Professional Relations shall study to find all the best methods of maintaining on the highest and most satisfactory levels physicians' professional relations with hospitals, nurses, dentists, pharmacists, pharmaceutical manufacturers, veterinarians, nursing homes, and all other professional groups with which the practice of medicine comes into contact.

CHAPTER XXIII.—THE COMMISSION ON MEDICAL EDUCATION AND LICENSURE

Section 1.—The Commission on Medical Education and Licensure shall maintain liaison with, and try to be of assistance to, medical schools and the licensing board; and shall keep in contact with, and endeavor to assist in improving, undergraduate education, postgraduate education, intern training, resident training, preceptor instruction, and public school health education.

CHAPTER XXIV.—THE COMMISSION ON SPECIAL ACTIVITIES

Section 1.—The Commission on Special Activities shall organize and promote support for the American Medical Education Fund, assistance to physicians, blood banks, and all miscellaneous activities not falling within the area of responsibilities of other commissions or committees.

CHAPTER XXV.—THE COMMISSION ON THE AGED AND AGING

Section 1.—The duties of this commission shall be to study, investigate, and make recommendations to the Association in the areas falling within the question of the aged and aging, including medical care programs, medical care insurance, rehabilitation, and preventive medicine.

CHAPTER XXVI—THE COMMISSION ON EMERGENCY MEDICAL SERVICES

Sec. 1.—The Commission on Emergency Medical Services constituted as provided herein shall have as its purpose the survey, planning and evaluation of emergency medical services to insure that the medical profession will guide and influence the services for the greatest benefit and protection of the public.

CHAPTER XXVII—THE COMMITTEE ON SPORTS AND MEDICINE

CHAPTER XXVIII—THE COMMITTEE ON MEDICINE AND RELIGION

CHAPTER XXIX—THE COMMISSION ON SPECIALTY MEDICINE

CHAPTER XXX—REFERENCE COMMITTEES

Section 1.—Immediately after the organization of the House of Delegates at each Annual Convention, the President shall announce the membership of the reference committees to serve during the convention for which they are appointed. Appointments to these reference committees shall be made by the Speaker with the assistance of the President. Appointments shall be made in time for them to be published in THE JOURNAL and the Handbook prior to such Annual Convention.

The Speaker with the assistance of the President shall have the power to appoint substitutes from among the members present for absent appointees.

Each committee shall consist of at least five members, at least three of whom shall be members of the House of Delegates. The chairman shall be named by the President from among those who are members of the House of Delegates. To these committees shall be referred all reports, resolutions, measures and propositions presented to the House of Delegates, except such matters as properly come before the Board, and the recommendations of these committees shall be submitted to the next meeting of the House of Delegates for acceptance in the original or modified form or for rejection.

Sec. 2.—Four or more Reference Committees designated by numerals are hereby constituted to which all matters shall be referred, at least one of which shall be organized for the sole purpose of studying the addresses of the president; president-elect; report of the executive secretary; and chairman of the Board of Trustees. This committee shall be mandated to translate recommendations made by these officers through resolutions for presentation to the House.

Where a report, resolution, measure, or proposition deals with more than one subject matter, reference thereof may, in the discretion of the President, be made (a) to as many reference committees as are necessary to cover all subjects included therein; or (b) to only one reference committee which the President deems has within the scope of its reference the most important part of the matter referred.

No report of any reference committee shall be rejected on the ground that it covers something not included in the matters which such committee was created to consider.

Sec. 3.—The time and place of meetings of all reference committees shall be publicly posted, and all meetings of all reference committees shall be open to

all members of the Association.

Officers and chairmen of all committees whose reports are referred to reference committees shall have the right to appear and be heard before the respective committees to which such references are made, in regard to their reports.

CHAPTER XXXI—COUNTY SOCIETIES

Section 1.—All county societies now in affiliation with this Association or those which may hereafter be organized in this state, which have adopted principles of organization not in conflict with this Constitution and Bylaws, shall, on application receive a charter from and become a component part of this Association. The acceptance or retention of this charter shall be regarded as a pledge on the part of said component society to conduct itself in harmony with the letter and spirit of this Constitution and Bylaws and other rules and resolutions of this Association.

Sec. 2.—Charters shall be issued only upon approval of the Board and shall be signed by the President and Executive Secretary of this Association. The Board shall have authority to revoke the charter of any component society whose actions are in conflict with the letter and spirit of this Constitution and Bylaws.

Sec. 3.—Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Trustee for the district if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Board, which shall decide what action shall be taken.

Sec. 4.—Each county society shall be judge of the qualifications of its own members, but, as such societies are the only portals to this Association and to the American Medical Association, every reputable and legally registered physician who holds a degree of Doctor of Medicine, a degree of Bachelor of Medicine or who holds a valid, unrestricted license to practice medicine and surgery, and who does not practice or claim to practice, nor lend his support to, any exclusive system of medicine, shall be eligible for membership. Provided, however, that each county society may deny membership in such society for infraction or violation of any law relating to the practice of medicine or of the Constitution and Bylaws of such society, the Constitution and Bylaws of the Indiana State Medical Association or for a violation of the Principles of Medical Ethics of the Indiana State Medical Association; and may, after due notice and hearing, censor, suspend or expel any member for any such infraction. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every physician in the county to become a member.

Sec. 5.—Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Board, and its decision shall be final.

Sec. 6.—In hearing appeals the Board may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a board and as individual Trustees in district and county work, efforts at conciliation and compromise shall precede all such hearings.

Sec. 7.—When a member in good standing in a component society moves to another county in this state, his name shall be transferred without cost to the roster of the county society into whose jurisdiction he moves, provided the transfer is approved by majority vote of the membership of said society to which the transfer is proposed.

Sec. 8.—A physician who has the major part of his practice in a county other than the county in which he resides may hold his membership in the county society of his residence or in the county society of the county in which he has the major part of his practice. However, no physician shall hold active membership in more than one county society at the same time.

Sec. 9.—Each component society shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral and professional status of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified and honorable physician in the county.

Sec. 10.—At the annual business meeting for election of other officers, in advance of the Annual Convention of this Association, each county society shall elect delegates and alternates to represent it in the House of Delegates of this Association, and the secretary of the society shall send a list of such delegates and alternates to the Executive Secretary of this Association annually on or before February 1.

Sec. 11.—The secretary of each component society shall keep a roster of all its members and of the nonaffiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other information as may be deemed necessary. In keeping such roster the secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

The secretary of each component society shall prepare and send to the Trustee of his district a quarterly report briefly stating the activities of his county society including meetings, programs, changes in officers and personnel of membership. A copy of this quarterly report to the Trustee shall also be sent to the Executive Secretary of the State Association. The State Association shall supply each county secretary a form for these reports.

Sec. 12.—The fiscal year of the Association shall be from October 1 to September 30 of the succeeding year. The dues shall be collected by the calendar year and payable in advance.

Unless collected by the Indiana State Medical Association, the secretary of each component society shall forward the dues for his society to the Executive Secretary of this Association and shall furnish the State As-

sociation Headquarters with a roster of officers, members and a listing of non-affiliated physicians of the county, on or before January 1 of each year, and he shall promptly report thereafter the names of any new members elected to membership in his society, and promptly forward to the Executive Secretary of this Association the dues for such members.

The dues shall be the same for all members and entitle the members to all benefits, including the publications of this Association, from the time of paying the dues to the close of the year only. Provided, however, that physicians elected to their first membership in this Association during the first six months of any year shall pay the regular annual dues for that year; and those elected to their first membership after July 1 of any one year shall pay fifty percent of the annual dues as dues for the remainder of that year. Interns and residents shall pay annual dues during their term of service in the hospital at a reduced rate established by the Board of Trustees.

In the event the county society remits a member's dues on account of financial hardship, the secretary of the county medical society shall recommend in writing to the Trustee of his district the remission of the State Association dues of said member of the society, showing why such recommendation should be granted. The Trustee in turn shall present the recommendation to the Board, which shall have the power to remit such dues.

Sec. 13.—Any county society which fails to pay its dues or make the report required by February 1 of each year shall be held suspended, and none of its members or delegates shall be permitted to receive any of the publications of the Association or participate in any of the business or proceedings of the Association or of the House of Delegates until such requirements have been met.

Sec. 14.—Each county society shall be held responsible for the faithfulness in the performance of duty on the part of its secretary in making reports and remitting dues to the Association.

Sec. 15.—Each component society shall have its own Constitution and Bylaws, which shall not be in conflict with the Constitution and Bylaws either of this Association or of the American Medical Association. An up-to-date copy thereof shall be filed with the Executive Secretary of the Indiana State Medical Association not later than May 1 of each calendar year, or where such copy is so on file and no change has been made, then it shall be sufficient to file a certificate to that effect with said Executive Secretary.

CHAPTER XXXII—TRUSTEE DISTRICT MEDICAL SOCIETIES

Section 1.—A Trustee District Medical Society hereinafter called the district society, shall be a society whose members consist of the members of the county medical societies in the counties which constitute the Trustee district.

Sec. 2.—The state shall be divided into thirteen (13) Trustee districts with the boundary lines and numbers of each district to be as follows:

First District—Posey, Vanderburgh, Warrick, Spencer, Perry, Pike and Gibson Counties.

Second Distict—Knox, Daviess, Martin, Monroe, Owen, Greene and Sullivan Counties.

Third District—Dubois, Crawford, Harrison, Floyd, Clark, Scott, Washington, Orange and Lawrence Counties.

Fourth District—Jackson, Jennings, Jefferson, Switzerland, Ohio, Dearborn, Ripley, Decatur, Bartholomew and Brown Counties.

Fifth District—Clay, Vigo, Vermillion, Parke and Putnam Counties.

Sixth District—Shelby, Rush, Fayette, Franklin, Union, Wayne, Henry and Hancock Counties.

Seventh District—Morgan, Johnson, Marion and Hendricks Counties.

Eighth District—Madison, Delaware, Randolph, Jay and Blackford Counties.

Ninth District—Fountain, Montgomery, Boone, Hamilton, Tipton, Clinton, Tippecanoe, Warren, Benton, White, Newton and Jasper Counties.

Tenth District—Porter and Lake Counties.

Eleventh District—Carroll, Howard, Grant, Huntington, Wabash, Miami, and Cass Counties.

Twelfth District—Wells, Adams, Whitley, Allen, Noble, DeKalb, LaGrange and Steuben Counties.

Thirteenth District—Pulaski, Fulton, Kosciusko, Marshall, Starke, LaPorte, St. Joseph and Elkhart Counties.

Sec. 3.—Each district society shall adopt a Constitution and Bylaws, which shall not conflict with the Constitution and Bylaws of the State Association, and only one district society shall exist within any one Trustee district. The authorized district society in each Trustee district shall receive a charter from the State Association, and the secretary of the district society shall have custody of the charter.

Sec. 4.—Each district society shall organize by electing a president, a secretary and a treasurer and Trustee(s) and Alternate Trustee(s) as the current Trustee(s) term and Alternate Trustee(s) term for the district expires, and such others as may be provided for in its Constitution and Bylaws. The office of secretary and treasurer may be held by the same physician. The Trustee(s) shall continue to have the same duties and terms as are set forth in the Constitution and Bylaws of this Association.

Sec. 5.—Each district society shall have one Trustee and one Alternate Trustee for each 600 active members or major fraction thereof but in any event each district shall have one Trustee and one Alternate Trustee. The term of each trusteeship newly created by the numerical growth of a district shall begin at the organization meeting of the Board immediately following the adjournment of the second meeting of the House of Delegates at the next annual meeting, in accordance with Chapter VII, Section 1.

Sec. 6.—The dues of the district society, in an amount fixed by the district society to meet the society needs, shall be collected by the secretaries of the component county societies, or by the Indiana State Medical Association and delivered to the treasurer of the district society. The secretary of each district society shall report to the office of the Indiana State Medical Association the names

and addresses of the members of his district society, together with a copy of the minutes of each meeting of his district society.

Sec. 7.—Each district society shall meet at least once each year at a time and place to be fixed by the district society. On or before January 1 of each year each district society shall notify the headquarters of the State Association of the time and place of the annual district meeting for that year; but if no such notification has been received in the headquarters on or before the January meeting of the Board, the Trustee shall fix the time and place of the district meeting, and notice of such meeting shall be sent to the members of the county medical societies in such district.

Sec. 8.—Whenever a district society is to elect a Trustee and/or Alternate, the headquarters office of the State Association shall so notify the individual members of such district society not later than the first of March of the year in which the election is to occur.

Sec. 9.—The district society shall send to the headquarters office of the State Association a copy of its program showing the time and place of its meetings, early enough that the headquarters office may notify all members within the district of the meeting at least thirty (30) days prior to the date thereof.

Sec. 10.—It shall be the duty of each district medical society to select in any manner it chooses a member from its district to serve a term or fill an unexpired term on the Board of Directors of Mutual Medical Insurance, Inc., (Blue Shield). Notice of such selection shall be immediately transmitted to the Board of Trustees of the Indiana State Medical Association which will officially place said selected member in nomination for election to said Board of Directors.

Any member selected or nominated to serve on the Board of Directors of Mutual Medical Insurance, Inc., (Blue Shield) may serve an unlimited number of three year terms as approved by his constituent county medical societies. The Board of Directors of Mutual Medical Insurance, Inc., (Blue Shield) should prepare a list of needed qualifications for nomination to this office.

CHAPTER XXXIII—MISCELLANEOUS

Section 1.—The deliberations of this Association shall be governed by parliamentary usage as prescribed in the current edition of Sturgis Standard Code of Parliamentary Procedure, when not in conflict with this Constitution and Bylaws.

Sec. 2.—The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

CHAPTER XXXIV—MEDICAL DEFENSE

Section 1.—One dollar and twenty-five cents ($1.25) out of the annual dues of each member of the Association shall be set aside as a special fund for medical defense.

Sec. 2.—The administration of medical defense of this Association shall be intrusted to the Executive Committee, which shall constitute the Medical Defense Committee of the Association.

Sec. 3.—This committee shall have full authority governing all matters pertaining to this Chapter. In order to secure to any physician sued or against whom claim is made a fair and full presentation of his defense, the committee shall have power to enter into an agreement with such physician to furnish to him funds with which to employ and pay one attorney of his choice and such other expenses as the committee may approve as necessary to a fair and full presentation of his defense. Provided, always, that the attorney selected by the physician must be of good reputation and standing in his profession and the terms of employment, including the fees to be paid, must be approved by the committee in each case in advance of such agreement. Provided, further, that the Executive Committee shall set a limit to the amount which may be so expended in connection with any one claim or case.

Sec. 4.—The Treasurer of the Indiana State Medical Association shall be custodian of the defense fund, separately kept, and shall give such additional bond as may be demanded by the Medical Defense Committee. Payments out of this fund shall be made only upon approval of the Executive Committee, by checks signed by the Treasurer and the chairman of the Board.

Sec. 5.—The Medical Defense Committee shall make an annual report to the House of Delegates of the cases in which it has been of service to members and furnish an account of the money received and expended, such report to be published in THE JOURNAL of the Indiana State Medical Association at the time and in the manner that reports of other committees of the Association are published.

Sec. 6.—This Association shall not be liable for any damage awarded, but shall be liable only for such expenses for the legal defense of its members as may be incurred in accordance with the terms of these Bylaws.

Sec. 7.—The Association shall not undertake the defense of a member in any case in which the member who applies for medical defense by the Association has failed to pay his annual dues for the year in which services were rendered which are the basis of the suit; and medical defense by the Association shall not be available in any suit based on services rendered during any period of delinquency in the payment of dues. Dues are payable on January 1, and become delinquent on February 1 of each year. The membership card of this Association, duly signed and dated by the Executive Secretary, shall be considered the only *bona fide* evidence of payment of dues or membership in this Association.

The Indiana State Medical Association shall in no case provide medical defense against any action for alleged malpractice against any physician unless such physician was a member of this Association in good standing at the time the services, which are the basis of the suit, were rendered.

Sec. 8.—A member desiring to avail himself of the services of the Medical Defense Committee in connection with litigation brought or threatened must send to the Executive Secretary of the Association for an application blank. After completing the data concerning the case he shall submit to a local committee of his county medical society—to be composed of the president, secretary and one other member in good standing who may be nominated by the defendant—a full statement of the question at issue, including the diagnosis and treatment of the case and the names of physicians, nurses and other persons having knowledge of the same, who may be summoned as witnesses.

Sec. 9.—The committee of the county medical society shall immediately, after an investigation of all the circumstances and facts, transmit its report, with recommendations, to the Medical Defense Committee of this Association.

Sec. 10.—In the event that the county committee shall fail to recommend the case as one worthy of the recognition of this Association, a direct appeal may be made to the Medical Defense Committee of this Association, whose decision shall be final.

Sec. 11.—Suits brought against the estate of a deceased member shall be defended as if that member were alive; provided that such member was in good standing in the Association at the time of his death and that services for which indemnity is asked were rendered while the deceased was a member in good standing.

Sec. 12.—Medical defense shall not be available to members living outside of the State of Indiana at the time services were rendered for which indemnity is claimed.

Sec. 13.—The Medical Defense Committee shall have power to adopt such other rules, not in conflict with the foregoing, as in their judgment may seem necessary.

Sec. 14.—Medical defense as provided for by this Association shall be available to members under the terms stated in these Bylaws only in the defense of civil action for alleged malpractice, and shall not be available if such alleged malpractice occurred when the member was under the influence of any intoxicant or narcotic while rendering the service in question.

CHAPTER XXXV—DIVISION OF FEES

This Association does not countenance or tolerate fee-splitting, division of fees, or commission paying directly or indirectly, and any member found guilty shall be expelled from membership.

CHAPTER XXXVI—INVESTMENT OF SURPLUS FUNDS

Section 1.—The investment of all surplus funds of this Association shall be under the direct control and management of the Executive Committee subject to instructions in regard thereto which may be given by the Board at its option. The Executive Committee shall have the right and is encouraged to obtain the advice and counsel of the investment departments of any bank or trust company of Indianapolis in regard to the discharge of the duties covered by this chapter of the Bylaws.

CHAPTER XXXVII—AMENDMENTS

Section 1.—These Bylaws may be amended at any Annual Convention by a majority vote of all the delegates present at that convention, after the amendment has lain on the table for one day.

Sec. 2.—Upon the adoption of this Constitution and Bylaws all previous Constitutions and Bylaws are hereby repealed.

Principles of Medical Ethics of the American Medical Association

"PREAMBLE"

"These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

"Section 1.—The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

"Section 2.—Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

"Section 3.—A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.

"Section 4.—The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

"Section 5.—A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

"Section 6.—A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

"Section 7.—In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

"Section 8.—A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

"Section 9.—A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

"Section 10.—The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community."

COMMERCIAL ANNOUNCEMENTS

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Telephones: 301/827-7160
301/827-7166

EXCELLENT OFFICE SPACE available, Professional Building, 6049 E. Washington St., Indianapolis. Five rooms, pharmacy in the building; available for immediate occupancy, adequate parking; near Interstates. Call 356-6087 or 882-0160.

FAMILY PRACTITIONERS

Excellent opportunity to thrive in a group setting. Premium financial reward. Partnership in one year. Great investment opportunities. Fringe benefits. Healthy active community with good schools located in northwest Indiana. Please contact: W. V. Hehemann, M.D., Department of Family Practice, The Hammond Clinic, 7905 Calumet Avenue, Munster, Ind. 46321.

PHYSICIANS OPENINGS IN INDIANA REHABILITATION SERVICES

The Indiana Rehabilitation Services has openings for physicians in its various divisions. Interested persons should contact Dr. Walter E. Deacon, Room #1028 Illinois Building, Indianapolis, Indiana. Telephone (317) 633-6942.

FAMILY PRACTICE opening January 1974 in two-man office. Cashmere, Wash., outstanding orchard community. Scenic area with unlimited recreation opportunities. Partner retiring. Initial salary and early partnership. Edgar A. Meyer, M.D. (Iowa '50) ABFP, 303 Cottage Ave., Cashmere, Wash. 98815 AC509/782-1541

IMMEDIATE OPENING for Ob-Gyn and Internal Medicine specialties to establish successful practice with 14-man multi-specialty group. Excellent group benefits; pension plan; modern clinic facilities; progressive community with excellent educational system including two colleges; city population 35,000; good recreational facilities; each specialty must be board eligible or certified. Contact: Business Manager, The Manitowac Clinic, 601 Reed Avenue, Manitowac, Wisconsin 54220.

GENERAL SURGEON, Board eligible, married, desires to relocate practice in small town with good hospital, prefer solo, good references, available anytime. Write Box 391, The Journal, 3935 N. Meridian St., Indianapolis 46208.

ESTABLISHED, WELL-LOCATED family practice in fully equipped office. X-ray, EKG, Laboratory, and Therapy Units. Owner joining E. R. group. Available July 1, 1974. Contact A. A. Hood, 910 E. Markwood, Indianapolis (south side), Indiana. Phone 786-6929.

EMERGENCY ROOM PHYSICIAN

Modern, 350-plus bed general hospital located in pleasant midwestern city of 45,000 pop. seeks E.R. Physician to cover expanding service. Will join staff of four experienced E.R. Physicians in new facility. Salary range: $35,000-$40,000. Please send resume to Box 392, The Journal, 3935 N. Meridian St., Indianapolis 46208.

INTERNIST AND PEDIATRICIAN—Immediate opening—5-man multispecialty clinic seeking third Internist and second Pediatrician. Group includes a Gen. Surgeon and OB-Gynecologist, all Board Certified. Next door to Community Hospital with new Medical-Surgical Wing being constructed. Excellent recreational area, near Metropolitan Milwaukee. Salary first year. Corporation member thereafter. Young group. Excellent fringes including qualified profit-sharing plan. Contact J. L. Algiers, M.D. (Int.) or P. M. Donahue, M.D. (Ped.), or Clinic Manager at Parkview Medical Associates, Ltd., 1004 E. Sumner Street, Hartford, Wis. 53027.

UNUSUAL OPPORTUNITY in city with many cultural and recreational facilities. Six established internists reorganizing and expanding to provide private practice and hospital consultation service for excellent teaching hospital with 3,000 medical and 1,000 cardiology admissions/year. In planning stage now for office layout in medical building adjacent to hospital. Plans call for general internal medicine as well as organization of cardiopulmonary lab. Excellent opportunity for the right men in cardiology, pulmonary disease, and hematology. Teaching opportunities, university affiliation, rotation of call. Salary negotiable. Send curriculum vitae to R. L. Newnum, M.D., 3700 Bellemeade Avenue, Suite 104, Evansville, Indiana 47715.

100-ACRE development tract in S.E. Hamilton County; many opportunities for a long term investment with a tax shelter protection. Zoned commercial and for residential. Call (317) 773-4578 (evenings) for further information.

GENERAL PRACTITIONER for Outpatient Service. Good salary and liberal fringe benefits. Housing available. Equal opportunity employer. Call COLLECT (317-674-3321), Frank Salvati, M.D., Chief of Staff, VA Hospital, Marion, Indiana 46952.

NOTICE

Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

Charges for commercial announcements are:

First four lines: $3.00
each additional line: 50¢

Send cash with order. Average count: seven words to the line.

DEADLINE: Fifth day of month PRECEDING month of issue.

MEDICAL OFFICER (Occupational Medicine) needed at U.S. Naval Installation, Crane, Indiana. Share responsibility with a Military Physician for occupational medicine program for 4700 Civilian employees and 75 military. Dispensary staffed with three registered nurses, one nursing assistant, several hospital corpsmen and clerical personnel. Located in a scenic area 30 miles south of Bloomington, 75 miles southwest of Indianapolis. Installation has 800-acre lake on its 64,000 acres with good fishing and boating. Rental quarters on Depot and military store privileges. Elementary and secondary schools nearby; Indiana University within driving distance. Equal Opportunity Employment. Salary $26,198 per annum plus approximatey $3,345 per annum for "on-call" service.

If interested, write Commanding Officer, Naval Ammunition Depot (Code 0622B), Crane, Indiana 47522 or telephone collect, (812) 854-1443 or 1517.

EXCELLENT OPPORTUNITY for physician desiring regular hours and ideal working conditions. Basic responsibility is determining disability of applicants for DISABLED ASSISTANCE. Enjoy a competitive salary and many fringe benefits. Please contact James O. Price, M.D., Indiana State Department of Public Welfare, telephone 317-633-5596.

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Challenging opportunities for two physicians desiring regular hours and ideal working conditions. Responsibilities encompass directing the activities of a medical review team with major emphasis on reviewing and assessing physician services and medical management of patient's care by attending physicians. Prepare reports on medical findings, patient care recommendations, and official actions. Enjoy a competitive salary pus car, complete company-paid benefits, and some traveling required. Send resume to Box 394.

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Indianapolis, IN 46208

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Address _____

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ROSTER OF MEMBERS



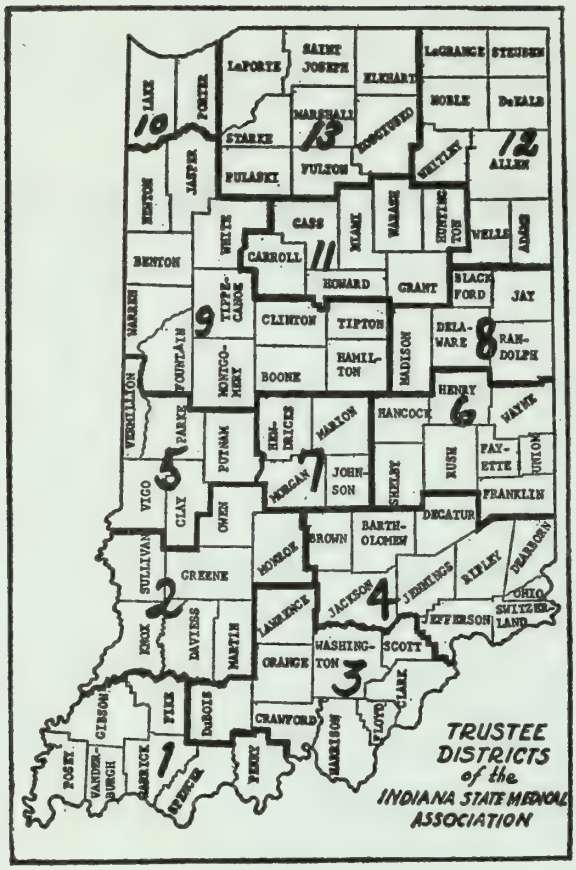
Indiana State Medical Association

and

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June 1974
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TRUSTEE DISTRICTS of the INDIANA STATE MEDICAL ASSOCIATION

Membership Roster

INDIANA STATE MEDICAL ASSOCIATION

Following is a list of paid-up members of the Indiana State Medical Association as of May 1, 1974.

The letter (S) following a name indicates that the physician is a senior member of his local society and of the Indiana State Medical Association.

Physicians are listed in the county medical society in which they hold membership.

Names of members who have died during the year do not appear in this list.

If any errors are found in this list, please report them to THE JOURNAL, 3935 N. Meridian, Indianapolis, Indiana 46208. The cooperation of members is urgently requested.

The information on specialties came from the 1969 AMA Directory (latest available issue) and from directory cards which have been returned to the ISMA office. See Page 45/537 for explanation of medical specialties.

ALPHABETICAL LIST OF MEMBERS

For street addresses, see roster of members by counties, p. 46/538.

Name	City	County
A		
Aaron, Baruch M.	Dyer	Lake
Abelada, Lamberto V.	Shelbyville	Shelby
Abell, Charles F.	Marion	Grant
Abell, Wm. A.	Anderson	Madison
Able, Walter	Columbus	Bartholomew-Brown
Abramson, Allan L.	Gary	Lake
Acher, Robert P.	Greensburg	Decatur
Acker, Herbert K.	Fort Wayne	Allen
Acosta, Amador A.	Gary	Lake
Acosta, Araceli T.	Hobart	Lake
Acre, Robert R. (S)	Owensboro, Ky.	Vanderburgh
Adams, Julia L.	Muncie	Delaware-Blackford
Adams, E. Wade	Fort Wayne	Allen
Adams, William B.	Muncie	Delaware-Blackford
Addis, Howard M.	Mishawaka	St. Joseph
Addleman, Robert H.	Indianapolis	Marion
Ade, Charles H.	Lafayette	Tippecanoe
Ade, Mary Keller	Lafayette	Tippecanoe
Adeva, Delores	Westville	La Porte
Adkins, Harold C. (S)	Indianapolis	Marion
Adler, Alan J.	Kokomo	Howard
Adler, Fred	Munster	Lake
Adney, Frank B., Jr.	Richmond	Wayne-Union
Adorable, Benedicto	Madison	Jefferson-Switzerland
Advincula, Luis V.	Brazil	Clay
Adye, Wallace M., Jr.	Evansville	Vanderburgh
Agana, Adriano A.	Gary	Lake
Ahearn, Daniel J.	Indianapolis	Marion
Ahlbrand, Roland C.	Fort Wayne	Allen
Ahler, Kenneth J.	Rensselaer	Jasper
Ahmad, Waheed	New Albany	Floyd
Ahn, Kyung J.	Munster	Lake
Aigotti, Ronald E.	South Bend	St. Joseph
Aiken, Arthur F.	Fort Wayne	Allen
Aiken, Nevin E.	Fort Wayne	Allen
Ake, Loren	Richmond	Wayne-Union
Akin, Ali N.	Evansville	Vanderburgh
Akin, Emel B.	Evansville	Vanderburgh
Alarcon, Arcadio M.	Martinsville	Morgan
Albertson, Frank P.	Indianapolis	Marion
Albrecht, Willard H.	Indianapolis	Marion
Alcorn, Merritt O.	Madison	Jefferson-Switzerland
Aldred, Allen W.	Fort Wayne	Allen
Aldrich, David D.	Lafayette	Tippecanoe
Aldrich, Howard (S)	Indianapolis	Marion
Alexander, Alan A.	Lafayette	Tippecanoe
Alexander, Jack L.	Muncie	Delaware-Blackford
Alexander, Jeffrey L.	Indianapolis	Marion
Alexander, John E.	Evansville	Vanderburgh
Alexander, Stephen J.	Crawfordsville	Montgomery
Alfano, Paul A.	Gary	Lake
Alig, Vincent B.	Indianapolis	Marion
Alig, Howard M.	Beech Grove	Marion
All, Barbara B.	Indianapolis	Marion
Allegretti, Michael L.	Munster	Lake
Allen, George S.	Georgetown	Floyd
Allen, Lawrence E.	Anderson	Madison
Allen, Robert K.	Indianapolis	Marion
Allen, Robert T.	Richmond	Wayne-Union
Allen, William H.	Evansville	Vanderburgh
Alley, Thomas W.	Indianapolis	Marion
Almase, Rodolfo M.	Hobart	Lake
Alstoff, David F.	Lafayette	Tippecanoe
Aluning, Pastor D. Jr.	Rochester	Fulton
Alvarez, Paul	Merrillville	Lake
Alvey, Charles R.	Muncie	Delaware-Blackford
Alvis, David L.	Indianapolis	Marion
Alvis, Edmond O. (S)	Indianapolis	Marion
Ambrose, Jesse C.	Noblesville	Hamilton
Ambrozaitis, Kazys	Gary	Lake

Name	City	County
Amico, Pasquale J.	Merrillville	Lake
Amini, Sohrab	Huntingburg	Dubois
Anas, Pandeli	Terre Haute	Vigo
Anderson, Ernest	Fort Wayne	Allen
Anderson, Garland D.	Fort Wayne	Allen
Anderson, James T.	Greenfield	Hancock
Anderson, James W.	Indianapolis	Marion
Anderson, John B.	Vincennes	Knox
Anderson, Milton H.	Evansville	Vanderburgh
Anderson, Walter C. (S)	Terre Haute	Vigo
Anderson, Wm. R.	Bloomington	Owen-Monroe
Anderson, William S.	Anderson	Madison
Andrew, Jerald L.	Fort Wayne	Allen
Andrews, Hugh K.	Franklin	Johnson
Angel, Virgil E.	Highland	Lake
Angeles, Armando E.	Connersville	Fayette-Franklin
Angeles, Uldarico A.	Portage	Lake
Angulo, Edilberto D.	Munster	Lake
Anshutz, William M.	Indianapolis	Marion
Antes, Earl H.	Evansville	Vanderburgh
Antreasian, Berj	Indianapolis	Marion
Appel, Richard H. (S)	Indianapolis	Marion
Apple, Eddie R.	Salem	Washington
Applegate, Albert E.	Frankfort	Clinton
Applegate, George W.	Indianapolis	Marion
Arata, James A.	Fort Wayne	Allen
Arata, Justin E.	Fort Wayne	Allen
Arata, Lucian A.	Shelbyville	Shelby
Arbeiter, Herbert I.	Munster	Lake
Arbogast, Paul B.	Vincennes	Knox
Arbuckle, Russell L.	Indianapolis	Marion
Arbuckle, William E. (S)	Indianapolis	Marion
Archangel, Cesar	Jeffersonville	Clark
Arendell, Robert E.	Evansville	Vanderburgh
Arford, John E.	Warsaw	Kosciusko
Arive, Floro F.	Oaklandon	Hancock
Arlook, Theodore D.	Elkhart	Elkhart
Armalavage, Leon J.	Valparaiso	Porter
Armer, Robert M.	Indianapolis	Marion
Armington, Charles L..	Anderson	Madison
Armstead, John W.	Indianapolis	Marion
Armstrong, Thomas D.	Michigan City	LaPorte
Arney, Amos	Michigan City	LaPorte
Arnold, Anthony J.	Camp Lejeune, N.C.	Marion
Arnold, Aaron L.	Indianapolis	Marion
Arnold, Robert D.	Indianapolis	Marion
Aron, Titu	East Chicago	Lake
Aronoff, Michael S.	Bloomington	Marion
Aronson, Sidney S. (S)	Indianapolis	Marion
Arrowsmith, James L.	Munster	Lake
Arroyo, Sylvia	Evansville	Vanderburgh
Artis, Myrle E.	Kokomo	Howard
Arvin, Delano Z.	Lafayette	Tippecanoe
Ashburn, Clarence M.	Muncie	Delaware-Blackford
Asher, James W.	New Augusta	Marion
Ashman, William C.	Fort Wayne	Allen
Assue, Clare M.	Indianapolis	Marion
Athar, Shahid	Indianapolis	Marion
Atkins, Clarence C. (S)	Rushville	Rush
Atkins, Clayton	Greenwood	Marion
Atkins, Steven D.	Greenwood	Marion
Atwood, William H.	Elkhart	Elkhart
Atz, William A.	Beech Grove	Marion
Auburn, Richard P.	Munster	Lake
Auckley, James L.	Lafayette	Tippecanoe
Aull, Edward B.	Indianapolis	Marion
Ault, Carl H.	Kokomo	Tippecanoe
Ault, Roy J.	Terre Haute	Vigo
Aust, Charles H.	Ft. Wayne	Allen
Austin, Charles E.	Anderson	Madison
Austin, Eugene W.	Evansville	Vanderburgh
Austin, Richard P.	Bedford	Lawrence
Avery, George O.	Indianapolis	Marion
Ayers, Marion E.	Indianapolis	Hamilton
Ayres, Wendell W. (S)	Marion	Grant
Azar, George A.	Valparaiso	Porter
Azzam, Roshdi A.	Bedford	Lawrence

B

Baadj, Abdel G.	Indianapolis	Marion
Babb, Forrest J.	Stockwell	Tippecanoe
Babcock, James L.	Indianapolis	Marion
Babcoke, Gary A.	Chesterton	Porter
Bacala, Jesus	Scottsburg	Scott
Bachmann, Arnold J.	Indianapolis	Marion
Backer, George P.	LaPorte	LaPorte
Backer, Henry G. (S)	Ferdinand	Dubois
Backer, Mary B.	LaPorte	LaPorte
Backs, Alton J.	South Bend	St. Joseph
Bader, Joseph	Indianapolis	Marion
Bader, Patricia	Bluffton	Wells
Bahler, Dean R.	Crawfordsville	Montgomery
Bahr, Robert E.	Fort Wayne	Allen
Bailey, Earl W.	Logansport	Cass
Bailey, Lawrence S.	Zionsville	Boone
Bailey, Paul P. (S)	Fort Wayne	Allen
Baird, M. Keith	Crawfordsville	Montgomery
Baird, Melvin S.	Indianapolis	Marion
Baird, Glenn D.	Evansville	Vanderburgh
Baisas, Wilfrido C.	Evansville	Vanderburgh
Baker, Avey M. (S)	New Albany	Floyd
Baker, Eldon E.	Delphi	Carroll
Baker, Glenn	Brownsburg	Hendricks
Baker, Herman M. (S)	Evansville	Vanderburgh
Baker, John C.	Indianapolis	Marion
Baker, John R.	W. Lafayette	Tippecanoe
Baker, Leslie M.	Aurora	Dearborn-Ohio
Baker, Mason R.	Evansville	Vanderburgh
Baker, Sam B.	Evansville	Vanderburgh
Baker, Warren (S)	Michigan City	LaPorte
Balaguer, Carmen V.	Hammond	Lake
Balch, James F., Jr.	Indianapolis	Marion
Balinao, Reuben C.	Michigan City	LaPorte
Balkema, Catherine M.	Lafayette	Tippecanoe
Ball, Clay A. (S)	Muncie	Delaware-Blackford

Name	City	County
Ball, John R.	Fort Wayne	Allen
Ball, Joseph E.	Indianapolis	Marion
Ball, Margaret J.	Fort Wayne	Allen
Ball, Philip	Muncie	Delaware-Blackford
Ballenger, William E. (S)	Richmond	Wayne-Union
Balter, Eugene	Gary	Lake
Baltes, Joseph H.	Fort Wayne	Allen
Baltzer, Donald J.	Muncie	Delaware-Blackford
Baluyut, Amando L.	Peru	Miami
Banas, William R.	Indianapolis	Marion
Banguis, Eliseo T.	Shelbyville	Shelby
Banguis, Lucia P.	Shelbyville	Shelby
Bankoff, Milton L.	Michigan City	LaPorte
Bannon, William G.	Terre Haute	Vigo
Baran, Charles	South Bend	St. Joseph
Barbee, John Y., Jr.	New Albany	Floyd
Barch, John W.	Fort Wayne	Allen
Bard, Frank B.	Crothersville	Jackson-Jennings
Barnes, Gilbert H.	Indianapolis	Marion
Barnes, Helen B.	Greenwood	Johnson
Barnhart, Willard T.	Evansville	Vanderburgh
Barone, Carmelo V.	Mishawaka	St. Joseph
Barrett, James W.	Washington	Daviess-Martin
Barrett, Thomas L.	Vincennes	Knox
Barron, Elmer A.	East Chicago	Lake
Barros, Paul	Hobart	Porter
Barrow, John H.	Dale	Spencer
Bartheleny, Douge	Gary	Lake
Bartlett, Donald T.	Vincennes	Knox
Bartley, Max D.	Indianapolis	Marion
Barton, Reginald R.	Gary	Lake
Barton, Robert	Angola	Steuben
Barton, Willoughby M. (S)	Centerville	Wayne-Union
Bartsch, Harvey L.	South Bend	St. Joseph
Bash, Stephen E.	Fort Wayne	Allen
Bash, Wallace E.	Fort Wayne	Allen
Baskett, Russell J.	Jonesboro	Grant
Bassett, Margaret	Thorntown	Boone
Bassler, Carl R. (S)	Niles, Mich.	St. Joseph
Bastnagel, William F.	Indianapolis	Marion
Batacan, George A.	Westville	LaPorte
Bate, M. H.	Indianapolis	Marion
Bates, Laurence H.	Indianapolis	Marion
Battersby, J. Stanley	Indianapolis	Marion
Batties, Paul A.	Indianapolis	Marion
Battle, Frederick G.	Michigan City	LaPorte
Bauer, Thomas B.	Indianapolis	Marion
Baughn, William L.	Anderson	Madison
Baum, John R. (S)	Warsaw	Kosciusko
Bauman, Richard L.	Fort Wayne	Allen
Baumeister, Herbert E.	Indianapolis	Marion
Baumgartner, Jeraldine	Fort Wayne	Allen
Baxter, Harry R.	Seymour	Jackson-Jennings
Baxter, John P.	Indianapolis	Marion
Baxter, Neal E.	Bloomington	Owen-Monroe
Baxter, Samuel M. (S)	Jeffersonville	Floyd
Bayazit, Lutfi	Fort Wayne	Allen
Bayley, William E. (S)	Lafayette	Tippecanoe
Beach, Norman F.	South Bend	St. Joseph
Beach, Robert R. (S)	Indianapolis	Marion
Beams, Ralph H.	Fort Wayne	Allen
Beams, Ronald N.	Indianapolis	Marion
Bean, Joseph S.	Logansport	Cass
Bean, Wm. J.	Marion	Grant
Beardsley, Frank A., Jr.	Frankfort	Clinton
Beaven, John B.	Jasper	Dubois
Beaver, Ernest R.	Rensselaer	Jasper
Beaver, Howard W.	Indianapolis	Marion
Beaver, Norman E.	Berne	Adams
Bechtol, Lavon D.	Indianapolis	Marion
Bechtold, Samuel E.	South Bend	St. Joseph
Beck, David C.	W. Lafayette	Tippecanoe
Beck, Evart M.	Indianapolis	Marion
Beck, Robert E.	Evansville	Vanderburgh
Becker, Harry G.	Indianapolis	Marion
Becker, Jerry D.	Evansville	Vanderburgh
Becker, Lowell E.	Fort Wayne	Allen
Becker, Samuel W.	Whiting	Lake
Beckes, Ellsworth W. (S)	Vincennes	Knox
Beckman, Arthur	Crown Point	Lake
Beconovich, Robert	Munster	Lake
Bedwell, Marion H. (S)	Sullivan	Sullivan
Beeler, Franklin K.	Anderson	Madison
Beeler, John W.	Indianapolis	Marion
Beeler, Raymond C. (S)	Indianapolis	Marion
Beering, Steven C.	Indianapolis	Marion
Beeson, Wilbur P.	Greenfield	Hancock
Beggs, Lowell F.	Columbus	Bartholomew-Brown
Begley, Joseph W., Jr.	Evansville	Vanderburgh
Behn, Walter M. (S)	Wheaton, Ill.	Lake
Behrend, Frank	Valparaiso	Porter
Beierlein, Karl M. (S)	Fort Wayne	Allen
Beights, Raymond S.	Fort Wayne	Allen
Beisel, Larry H.	Evansville	Vanderburgh
Beiser, George D.	East Chicago	Lake
Belcher, Alan D.	Marion	Grant
Bell, Horace D.	South Bend	St. Joseph
Bell, O. Khaton	Gary	Lake
Belshaw, George	Indianapolis	Marion
Belt, James H.	Indianapolis	Marion
Benchik, Frank A.	East Chicago	Lake
Bender, Bruce H.	Indianapolis	Marion
Bender, John M.	Salt Lake City, Utah	Elkhart
Bender, Martin J.	Evansville	Vanderburgh
Benedict, Harold G.	Anderson	Madison

Name	City	County
Benedict, Paul F.	Indianapolis	Marion
Benham, Lawrence E.	Bedford	Lawrence
Benjamin, Samson A.	Crawfordsville	Montgomery
Benken, Lawrence D.	Muncie	Delaware-Blackford
Bennett, Abner P.	Evansville	Vanderburgh
Bennett, Benjamin D.	Tipton	Tipton
Bennett, E. D. Luddington	Bedford	Lawrence
Bennett, Ivan F.	Indianapolis	Marion
Bennett, James E.	Indianapolis	Marion
Bennett, Jene R.	South Bend	St. Joseph
Benson, J. Thomas	Indianapolis	Marion
Benson, James E.	Elkhart	Elkhart
Benz, James A.	Indianapolis	Marion
Benz, Jesse C. (S)	Marengo	Harrison-Crawford
Berckmueller, David E.	Fort Wayne	Allen
Bergal, Milton B.	Gary	Lake
Bergan, Joseph A.	Michigan City	LaPorte
Berghoff, James R.	Fort Wayne	Allen
Bergwall, Warren L.	Muncie	Delaware-Blackford
Berke, Robert D.	South Bend	St. Joseph
Berker, Beddi S.	Evansville	Vanderburgh
Berkshire, Shaffer B., Jr.	Columbus	Bartholomew-Brown
Berkson, Myron E.	Michigan City	LaPorte
Berman, Edward J.	Indianapolis	Marion
Berman, Jacob K. (S)	Indianapolis	Marion
Bernard, Marvin R.	Gary	Lake
Berner, Herbert W.	Muncie	Delaware-Blackford
Berry, George F.	Evansville	Vanderburgh
Beruben, Miguel F.	East Chicago	Lake
Best, Maurice M.	Borden	Floyd
Best, Robert C.	Whiting	Lake
Bethea, Robert O.	Farmersburg	Sullivan
Beuerman, V. A.	Lafayette	Tippecanoe
Beutler, Theodore V.	Fort Wayne	Allen
Bhagwandin, Harry O.	Indianapolis	Marion
Bibler, Lester D. (S)	Indianapolis	Marion
Bicalho, Jose F.	Merrillville	Lake
Bickers, Everett E.	Floyds Knobs	Floyd
Bidney, Evelyn B.	Indianapolis	Owen-Monroe
Biegel, Angenieta A.	Indianapolis	Marion
Bierman, Gilbert H.	Fort Wayne	Allen
Bigler, Frederick W.	Goshen	Elkhart
Bill, Robert O.	Indianapolis	Marion
Billena, Raymundo, Jr.	Gary	Lake
Billings, Elmer R.	Elkhart	Elkhart
Billingsley, John S.	Fort Wayne	Allen
Bills, R. James	Gary	Lake
Bills, Robert N. (S)	Gary	Lake
Bilodeau, Richard G.	Noblesville	Hamilton
Bird, John J.	South Bend	St. Joseph
Birdzell, John P.	Valparaiso	Porter

Name	City	County
Birmingham, Peter J. (S)	South Bend	St. Joseph
Bissonnette, Roger P.	Evansville	Vanderburgh
Bishop, Michael D.	Bloomington	Owen-Monroe
Bixler, Donald P.	Anderson	Madison
Bixler, Gloria Anne	Indianapolis	Marion
Bixler, James A.	Fort Wayne	Allen
Bizal, John A.	Evansville	Vanderburgh
Bizer, Mier A.	Jeffersonville	Clark
Black, Boyd K.	Vincennes	Knox
Black, Henry R.	Indianapolis	Marion
Black, Joseph M.	Seymour	Jackson-Jennings
Black, M. James	Brownsburg	Hendricks
Blackburn, Howard R.	Noblesville	Hamilton
Blackburn, Robert A.	Indianapolis	Marion
Blackford, Florence (S)	Indianapolis	Marion
Blackford, Ralph E. (S)	Indianapolis	Marion
Blackwell, Donald S.	Indianapolis	Marion
Blair, Richard G.	Huntington	Huntington
Blaisdell, William F.	Seymour	Jackson-Jennings
Blake, Albert L.	Indianapolis	Marion
Blanco, Ramon M.	Dyer	Lake
Blando, Uldarico	Gary	Porter
Blankenbaker, Ronald	Indianapolis	Marion
Blassaras, Crist A.	Anderson	Madison
Blatt, A. Ebner	Indianapolis	Marion
Blazey, Arthur G.	Washington	Daviess-Martin
Bledsoe, James G.	New Castle	Henry
Blessinger, Louis H.	Corydon	Harrison-Crawford
Bleza, Maximo T.	Munster	Lake
Blichert, Peter A.	Fort Wayne	Allen
Blix, Fred M.	Ladoga	Montgomery
Bloemker, Edward F.	Indianapolis	Marion
Bloemker, William K.	Martinsville	Morgan
Bloom, Asa W.	Marion	Grant
Bloom, George R.	Elkhart	Elkhart
Bloomer, Richard S.	Rockville	Parke-Vermillion
Bloss, Bryant A.	Evansville	Vanderburgh
Blossom, Paul W. (S)	Richmond	Wayne-Union
Bloxdorf, John W.	Terre Haute	Vigo
Blum, Leon L.	Terre Haute	Vigo
Blythe, Jerry E.	Indianapolis	Marion
Boaz, William D.	Wabash	Wabash
Bobb, Kenneth E.	Seymour	Jackson-Jennings
Boberg, Arthur R.	Muncie	Delaware-Blackford
Bodnar, Leslie M.	South Bend	St. Joseph
Boen, Bradley N.	Terre Haute	Vigo
Boester, Jeffrey A.	Indianapolis	Marion
Bogan, William C.	South Bend	St. Joseph
Boggs, Eugene F. (S)	Indianapolis	Marion
Boha, Rudolf L.	Floyd Knobs	Floyd
Bojrab, Louis D.	Indianapolis	Marion

Name	City	County
Bolander, James E.	Fort Wayne	Allen
Bolin, Robert C.	Lafayette	Tippecanoe
Boling, Frederick F.	Indianapolis	Marion
Boling, Grover C.	Indianapolis	Marion
Boling, Richard C.	Elkhart	Elkhart
Bolinger, Garry L.	Indianapolis	Marion
Bollheimer, Don A.	Fort Wayne	Allen
Bomalaski, M. Donald	Jasper	Dubois
Bomba, Brad J.	Bloomington	Owen- Monroe
Bombar, Leslie E.	Munster	Lake
Bonaventura, A. P.	Highland	Lake
Bond, L. G.	Lafayette	Tippecanoe
Bond, Virginia	Indianapolis	Marion
Bond, William H.	Indianpolis	Marion
Bonsett, Charles A.	Indianapolis	Marion
Booher, Olga Bonke	Indianapolis	Marion
Boone, Clarence W.	Gary	Lake
Boone, Robert D.	Evansville	Vanderburgh
Booth, Boynton H.	Indianapolis	Marion
Booth, Franklin M.	South Bend	St. Joseph
Booze, James H.	Bloomington	Owen-Monroe
Bopp, Henry W., Jr.	Terre Haute	Vigo
Bopp, James	Terre Haute	Vigo
Border, John F.	Muncie	Delaware-Blackford
Boren, Paul R. (S)	Poseyville	Posey
Bornstein, Herschel	Gary	Lake
Borland, Raymond M. (S)	Bloomington	Owen-Monroe
Bosch, Ralph	Seymour	Jackson-Jennings
Bosler, Howard A. (S)	Goshen	Elkhart
Bosley, Roger E.	Lafayette	Tippecanoe
Bossard, John W.	Fort Wayne	Allen
Bougher, Gerald R.	Monticello	White
Boswell, Robert W. C.	Evansville	Vanderburgh
Botkin, Charles T.	Muncie	Delaware-Blackford
Botkin, Clyde G.	Muncie	Delaware-Blackford
Botkin, James E.	Marion	Grant
Bourke, William W.	Marion	Grant
Bowdoin, George E. (S)	Elkhart	Elkhart
Bowen, Gerald T.	Lawrenceburg	Dearborn-Ohio
Bowen, Otis R.	Bremen	Marshall
Bower, Richard E.	Fort Wayne	Allen
Bowers, Charles R.	Anderson	Madison
Bowers, Copeland C. (S)	Kokomo	Howard
Bowers, Gah T.	Fort Wayne	Allen
Bowers, Garvey B.	Kokomo	Howard
Bowers, George W.	Fort Wayne	Allen
Bowers, John A.	Kokomo	Howard
Bowers, Jesse W. (S)	Fort Wayne	Allen
Bowman, Chas. N.	Albion	Noble
Bowman, John	Kokomo	Howard
Bowser, Philip G.	Goshen	Elkhart
Boyce, Paul A.	Indianapolis	Marion
Boyd, H. Clark	Terre Haute	Vigo
Boyer, Don W.	Lebanon	Boone
Boyer, Floyd A. (S)	Indianapolis	Marion
Boyer, Grace B. (S)	Marion	Grant
Boyle, Carroll L.	Evansville	Vanderburgh
Boys, Fay F. (S)	East Chicago	Lake
Boze, Robert L.	Berne	Adams
Bradley, Louis F.	Bluffton	Wells
Bradley, Richard V.	Kokomo	Howard
Brady, Kingdon	West Lafayette	Tippecanoe
Brady, Thomas A.	Indianapolis	Marion
Brackel, Frank J., Jr.	Evansville	Vanderburgh
Branam, George E.	Muncie	Delaware-Blackford
Branco, Arthur M.	Munster	Lake
Brand, Anna	Calumet City, Ill.	Lake
Brandes, David C.	Marion	Grant
Brandt, William E.	Fort Wayne	Allen
Brantly, James M.	Indianapolis	Marion
Brasovan, Srbislav	Merrillville	Lake
Brauer, Abraham A. (S)	Griffith	Lake
Braun, Stephen E.	Evansville	Vanderburgh
Braunlin, Robert J.	Fort Wayne	Allen
Brayton, Lee	Indianapolis	Marion
Brechtl, Harvey J.	South Bend	St. Joseph
Breitweiser, Thomas D.	Madison	Jefferson-Switzerland
Bremer, Winhdam	Michigan City	La Porte
Brennan, Bess B.	Hammond	Lake
Brennan, Thomas F.	Lafayette	Tippecanoe
Brennan, William C.	Highland	Lake
Brenner, Howard B.	Munster	Lake
Brenner, Hugo	Williamsport	Fountain-Warren
Brewer, David H.	Columbus	Bartholomew-Brown
Brewer, Robert A.	Logansport	Cass
Brickley, Harry D.	Indianapolis	Marion
Brickley, Richard A.	Indianapolis	Marion
Bridge, Barton C.	Lafayette	Tippecanoe
Bridges, Alvin L.	Anderson	Madison
Bridges, William L.	Fort Wayne	Allen
Briggs, Robert W.	Indianapolis	Marion
Brill, Joseph R.	Jeffersonville	Clark
Brillhart, James R.	Indianapolis	Marion
Brincko, John	Merrillville	Lake
Brissenden, R. B., III	Indianapolis	Marion
Britt, Robert L.	Evansville	Vanderburgh
Britton, Welbon D.	Montezuma	Parke-Vermillion
Brock, Joseph T.	New Castle	Henry
Brockman, Wilfred J.	Corydon	Harrison-Crawford
Brockmole, Arnold W.	Evansville	Vanderburgh
Brodersen, James D.	Munster	Lake
Brogan, Thomas M.	Indianapolis	Marion
Bromley, Luman W.	Fort Wayne	Allen

Name	City	County
Bronson, Paul J. (S)	Terre Haute	Vigo
Brooks, Fred R., Jr.	Indianapolis	Marion
Broomes, Edward L. C.	East Chicago	Lake
Broshears, Kenneth P.	Linton	Greene
Brosius, Robert H. W.	Fort Wayne	Allen
Brown, Archie E.	St. Petersburg Beach Fla.	Marion
Brown, David E.	Indianapolis	Marion
Brown, DeWitt W.	Indianapolis	Marion
Brown, Earl R., Jr.	Indianapolis	Marion
Brown, Frances T. (S)	Indianapolis	Marion
Brown, Frank M.	Indianapolis	Marion
Brown, Garland R.	Fort Wayne	Allen
Brown, George E.	Greenwood	Johnson
Brown, Gordon T.	Indianapolis	Marion
Brown, James R.	Valparaiso	Porter
Brown, John S. (S)	Carlisle	Sullivan
Brown, Kenneth H.	New Albany	Floyd
Brown, Leland G.	Muncie	Delaware-Blackford
Brown, Leo R.	Gary	Lake
Brown, Marcel S.	Haines City, Fla.	Owen-Monroe
Brown, Raymond Lee	Evansville	Vanderburgh
Brown, Richard J.	Kokomo	Howard
Brown, Robert L.	Evansville	Vanderburgh
Brown, Robert M.	Marion	Grant
Brown, Robert R.	Terre Haute	Vigo
Brown, Stewart D.	Albany	Delaware-Blackford
Brown, Thomas M.	Muncie	Delaware-Blackford
Brown, Wendell E.	Indianapolis	Marion
Browning, Charles A.	Richmond	Wayne-Union
Browning, James S.	Indianapolis	Marion
Browning, William M.	Nineveh	Marion
Brownley, E. Jane	Indianapolis	Marion
Brubaker, Harold S. (S)	Huntington	Huntington
Brubaker, Thomas A.	Munster	Lake
Brubeck, Robert E.	Martinsville	Morgan
Bruce, Reginald A.	Indianapolis	Marion
Brucker, Perry A.	Fort Wayne	Allen
Brueckmann, F. Robert	Indianapolis	Marion
Bruegge, Theodore J.	Kokomo	Howard
Brueggemann, Walter G.	Columbus	Bartholomew-Brown
Bruetsch, Walter L. (S)	Santa Barbara, Calif.	Marion
Brundick, Edward L.	Evansville	Vanderburgh
Bryan, Franklin A.	Fort Wayne	Allen
Bryan, Robert E.	Kendallville	Noble
Bryan, Stanton L.	Evansville	Vanderburgh
Bryant, Edward G., Jr.	East Chicago	Lake
Bucholz, James G.	Fort Wayne	Allen
Buchman, Marshall H.	New Albany	Floyd
Buck, Richard C.	South Bend	St. Joseph
Buck, Rodger L.	Spencer	Owen-Mornoe
Buckingham, R. E.	Bloomington	Owen-Monroe
Buckingham, R. E., Jr.	Bethesda, Md.	Marion
Buckles, David L.	Anderson	Madison
Buckner, George D.	Fort Wayne	Allen
Buckner, Joy F. (S)	Bluffton	Wells
Buehl, Frederick H.	Vincennes	Knox
Buehl, Isabelle A.	Indianapolis	Marion
Buehler, George M.	Jeffersonville	Clark
Buechler, William F.	Elwood	Madison
Buechner, Frederick W. (S)	South Bend	St. Joseph
Buehner, Donald C.	Evansville	Vanderburgh
Buehner, Donald F.	Evansville	Vanderburgh
Buell, Forrest R.	Clay City	Clay
Bueser, Rudsen M.	Vincennes	Knox
Bullard, Harlan R.	Lafayette	Tippecanoe
Bullard, J. Roger	Indianapolis	Marion
Bullers, Robert C.	Franklin	Johnson
Bullington, George F.	Franklin	Johnson
Bunag, Homer U.	Munster	Lake
Bundy, Vernon	New Albany	Floyd
Buntin, Presley T.	Indianapolis	Marion
Bunker, Ladoska Z. (S)	North Manchester	Wabash
Burcham, James B. (S)	Madison	Jefferson-Switzerland
Burdette, Harold F.	Indianapolis	Marion
Burger, Thomas C.	Evansville	Vanderburgh
Burghard, Rolla D.	Indianapolis	Marion
Burk, James M.	Decatur	Adams
Burket, Cecil R.	Bremen	Marshall
Burkhardt, Boyd A.	Tipton	Tipton
Burkle, Robert J.	Terre Haute	Vigo
Burnett, Arthur B. (S)	New Castle	Henry
Burnikel, Ray H.	Evansville	Vanderburgh
Burns, Anthony	Muncie	Delaware-Blackford
Burns, John T.	Lafayette	Tippecanoe
Burns, Paul E.	Montpelier	Delaware-Blackford
Burt, Michael	Indianapolis	Marion
Burton, Robt. L.	Gary	Lake
Burwell, Stanley W.	Muncie	Delaware-Blackford
Bush, Charles E.	Frankfort	Clinton
Bush, Edward R.	Anderson	Madison
Bush, Hargis R. (S)	Cannelton	Perry
Bush, Jack A.	Lafayette	Tippecanoe
Bush, Robert	Columbus	Bartholomew-Brown
Butler, John O.	Indianapolis	Marion
Butler, Richard	Brownsburg	Wayne-Union
Butler, Robert M.	Indianapolis	Marion
Butterworth, Joseph C.	Indianapolis	Marion
Butts, Milton A.	South Bend	St. Joseph
Butz, Ralph O.	Muncie	Delaware-Blackford
Byler, John J.	South Bend	St. Joseph
Byllesby, Joyce E.	Crawfordsville	Montgomery
Byrne, Robert J.	Bicknell	Knox

Name	City	County
	C	
Cabigas, Jose S.	Richmond	Wayne-Union
Cabrera, Juan C.	Evansville	Vanderburgh
Cabrera, Pelayo B.	Crown Point	Lake
Cagle, Bob R.	New Palestine	Hancock
Cahn, Hugo M. (S)	Indianapolis	Marion
Cahn, Peter H.	Indianapolis	Marion
Cain, David R.	New Castle	Henry
CaJacob, Melville E.	Terre Haute	Vigo
Caldwell, Marilyn R.	Indianapolis	Marion
Caldwell, Milton V.	Terre Haute	Vigo
Calhoon, John P.	Plainfield	Hendricks
Calland, Sabra Wetzler	Indianapolis	Marion
Calli, Louis J.	North Vernon	Jackson-Jennings
Calvert, Raymond R. (S)	Lafayette	Tippecanoe
Camacho, Ernesto M.	Chandler	Warrick
Cameron, Don F. (S)	Angola	Steuben
Campagna, Ettor A.	East Chicago	Lake
Campbell, Frank	Anderson	Madison
Campbell, H. Edwin, Jr.	Indianapolis	Marion
Campbell, Patrick B.	Elkhart	Elkhart
Campbell, Richard W.	Indianapolis	Marion
Campbell, Robert L.	Indianapolis	Marion
Campbell, Sam W.	New Castle	Henry
Campbell, William T.	Bloomington	Owen-Monroe
Cannon, Daniel H.	New Albany	Floyd
Cannon, David R.	Jeffersonville	Clark
Cantwell, Edgar R.	Vincennes	Knox
Caplin, Irvin	Indianapolis	Marion
Caputi, Saverio, Jr.	Indianapolis	Marion
Carag, Vicente R.	Marion	Grant
Carberry, George A.	Merrillville	Lake
Card, William C.	Indianapolis	Marion
Carey, J. Albert	Gary	Lake
Carlberg, Dale L.	Jeffersonville	Clark
Carlson, Milton R.	Carmel	Marion
Carlson, Ralph F.	Evansville	Vanderburgh
Carmody, Raymond F.	Gary	Lake
Carney, Joel T. (S)	Calabasas, Calif.	Clark
Carpenter, Bennie F.	Crown Point	Lake
Carpenter, Donald J.	Terre Haute	Vigo
Carpenter, James B.	Lafayette	Tippecanoe
Carpenter, Ramesh S.	Kendallville	Noble
Carpenter, Robert S.	W. Lafayette	Tippecanoe
Carpentier, James R.	La Porte	La Porte
Carr, Joseph H.	Henryville	Clark
Carr, William B.	Fort Wayne	Allen
Carrel, Francis E.	Monticello	Tippecanoe
Carroll, Bertha Rose (S)	W. Lafayette	Tippecanoe
Carroll, John C.	Decatur	Adams
Carroll, Mary E.	Crown Point	Lake
Carson, Richard C.	Anderson	Madison
Carter, Arnold L.	Del Mar, Calif.	Delaware-Blackford
Carter, Charles B.	Indianapolis	Marion
Carter, Eunice M.	Noblesville	Hamilton
Carter, F. R. N. (S)	South Bend	St. Joseph
Carter, Fred S.	La Porte	La Porte
Carter, James E.	Indianapolis	Marion
Carter, Jean V. (S)	Tipton	Tipton
Carter, John O.	Hobart	Lake
Cartwright, Glen W.	Lafayette	Tippecanoe
Carty, Charles B.	Pekin	Washington
Casey, Stanley M. (S)	Huntington	Huntington
Cassady, J. Vernal (S)	South Bend	St. Joseph
Cassady, James E.	Indianapolis	Marion
Cassady, John R.	South Bend	St. Joseph
Cassim, Rechad M.	Elkhart	Elkhart
Castueras, Flor T.	Salem	Washington
Cast, William R.	Fort Wayne	Allen
Castro, Ignacio B., Jr.	Scottsburg	Scott
Cato, Allen E.	Evansville	Vanderburgh
Cattell, Lee M.	Indianapolis	Marion
Caudill, Rodney C.	Yorktown	Delaware-Blackford
Cavins, A. W. (S)	Terre Haute	Vigo
Cavins, John A.	Indianapolis	Marion
Caylor, Charles H.	Bluffton	Wells
Caylor, Harold D. (S)	Bluffton	Wells
Caylor, Truman E. (S)	Bluffton	Wells
Cespedes, Carlos A.	Griffith	Lake
Cha, Jin S.	Munster	Lake
Chadwick, Michael J.	Columbus	Bartholomew-Brown
Chael, Thomas C.	Munster	Lake
Challman, William B.	Evansville	Vanderburgh
Chamberlain, Donald S.	South Bend	St. Joseph
Chambers, Alan R.	Fort Wayne	Allen
Chambers, Carol R.	Union City	Randolph
Chambers, Donald C.	Fort Wayne	Allen
Chambers, Leroy B. (S)	Union City	Randolph
Chamblee, Roland W.	South Bend	St. Joseph
Chandler, James D.	Avilla	Noble
Chandler, Leon H., Jr.	Goshen	Marion
Chaney, Robert D.	Marion	Grant
Chapman, William E.	Indianapolis	Marion
Chappel, Alfred T.	Franklin	Johnson
Charles, Sara C.	Notre Dame	St. Joseph
Chase, James A.	Fort Wayne	Allen
Chattin, Herbert O.	Vincennes	Knox
Chattin, Robert E.	Loogootee	Daviess-Martin
Chattin, William R.	Indianapolis	Marion
Chattin, Vance J.	Washington	Daviess-Martin
Chau, Andrew Y. S.	Terre Haute	Vigo
Chavez, Mauro E.	Indianapolis	Marion
Cheesman, Donald D.	Danville	Hendricks
Chen, Ko K. (S)	Indianapolis	Marion
Chen, Tzeng Chin	Evansville	Vanderburgh
Cheng, Sylvia F.	Walton	Cass
Chernish, Stanley M.	Indianapolis	Marion
Cheung, Amy A.	Indianapolis	Marion
Chevalier, Robert F.	Beech Grove	Marion

Name	City	County
Chip, Jerald N.	Merrillville	Lake
Chiu, F. Luke	Franklin	Johnson
Chivapruk, Charot	Crown Point	Lake
Chivington, P. V. Jr.	Indianapolis	Marion
Cho, Hun-Koo	South Bend	St. Joseph
Cho, Sukin	Dyer	Lake
Choi, Stephen S.	Kokomo	Howard
Choslovsky, Sydney	Gary	Lake
Christensen, C. N.	Indianapolis	Marion
Christie, Marvin C.	Beech Grove	Marion
Chroniak, Walter	Indianapolis	Marion
Chu, Johnson C. S.	Logansport	Cass
Chua, Farida I.	Gary	Lake
Chua, Felipe S.	Gary	Lake
Chua, Gonzalo I.	Beech Grove	Marion
Chube, David D.	Gary	Lake
Chung, Duck Joe	Munster	Lake
Chy-Koa, Leticia K.	Munster	Lake
Clark, Charles M., Jr.	Indianapolis	Marion
Clark, Edward E.	Indianapolis	Marion
Clark, Eric D.	Plainfield	Hendricks
Clark, George A.	Indianapolis	Marion
Clark, Ivan A.	Paoli	Orange
Clark, Jack P.	Syracuse	Elkhart
Clark, Lawson J.	Indianapolis	Marion
Clark, Robert M.	Muncie	Delaware-Blackford
Clark, Thomas W.	Evansville	Vanderburgh
Clark, William B., Jr.	Jeffersonville	Clark
Clark, William H.	South Bend	St. Joseph
Clark, William R.	Fort Wayne	Allen
Clark, William R., Jr.	Fort Wayne	Allen
Clarkson, Clarence G.	Richmond	Wayne-Union
Claro, Joseph J.	Whiting	Lake
Classen, Pete R. C.	Elkhart	Elkhart
Clay, Eleanor	Columbus	Bartholomew-Brown
Clemente, Jose P.	Richmond	Wayne-Union
Clevinger, William G.	Kokomo	Howard
Cline, Donald L.	Indianapolis	Marion
Cline, Kenneth L.	Wyatt	St. Joseph
Clouse, John F.	Muncie	Delaware-Blackford
Clouse, Paul A.	Evansville	Vanderburgh
Clunie, William A.	Huntington	Huntington
Clutter, David R.	Indianapolis	Marion
Cobb, Clarence M.	Indianapolis	Marion
Cobb, Donald P.	Evansville	Vanderburgh
Coble, Frank H.	Richmond	Wayne-Union
Cochran, Harry A., Jr.	Fort Wayne	Allen
Cockerill, Edward M.	Indianapolis	Marion
Cockrell, D. Kete	Indianapolis	Marion
Coddens, Avery L.	Earl Park	Benton
Coffel, Melvin H.	Vincennes	Knox
Cofield, Donald D.	Bloomington	Owen-Monroe
Coggeshall, Warren B.	Indianapolis	Marion
Cohen, Hyman L.	Gary	Porter
Cohen, Irving	Plainfield	Hendricks
Cohn, Alvin F.	Greenwood	Marion
Cole, Ira (S)	West Lafayette	Tippecanoe
Cole, Larry G.	Yorktown	Delaware-Blackford
Coleman, Floyd B.	Waterloo	DeKalb
Coleman, Joseph E.	Evansville	Vanderburgh
Coles, Jerry L.	Eagle River, Alaska	Marion
Colligan, Francis X.	Topeka	LaGrange
Collins, Hubert L.	Indianapolis	Marion
Collins, Jack T.	Bluffton	Wells
Collins, John B.	Elkhart	Elkhart
Collins, Robert C.	Indianapolis	Marion
Colvin, Robert C.	Newburgh	Warrick
Combs, Daniel	Vincennes	Knox
Combs, Herman T.	Evansville	Vanderburgh
Combs, John H. (S)	Evansville	Vanderburgh
Comeau, William J.	Marion	Grant
Comer, Kenneth E.	Mooresville	Morgan
Compton, George L.	Tipton	Tipton
Compton, Walter A.	Elkhart	Elkhart
Conklin, James O.	Terre Haute	Vigo
Conklin, R. L. (S)	Elkhart	Elkhart
Conley, John E. (S)	Fort Wayne	Allen
Conley, Thomas M.	Kokomo	Howard
Connell, Vactor O.	Bourbon	Marshall
Connelly, Jerry H.	Fort Wayne	Allen
Connelly, Richard D.	Fort Wayne	Allen
Connerley, Marion L.	Terre Haute	Vigo
Connoy, Leo F.	Westfield	Hamilton
Conrad, Everett L.	Brazil	Clay
Conrad, Henry W.	Lawrenceburg	Dearborn-Ohio
Constan, Evan	Westville	LaPorte
Conway, Chester C.	Indianapolis	Marion
Conway, Glenn (S)	Indianapolis	Marion
Conway, Lewis	Lafayette	Tippecanoe
Conway, Thomas J.	Terre Haute	Vigo
Cook, Gordon C.	South Bend	St. Joseph
Cook, Ian H.	South Africa	Allen
Cook, Melvin D.	New Albany	Floyd
Cook, Robert G.	Bluffton	Wells
Cook, Thomas	Evansville	Vanderburgh
Cooke, John V.	Richmond	Wayne-Union
Cookson, Lawrence U.	Indianapolis	Marion
Cooley, Paul P.	Yorktown	Delaware-Blackford
Cooney, Charles J. (S)	Fort Wayne	Allen
Coons, Frederick W.	Bloomington	Owen-Monroe
Coons, John D. (S)	Lebanon	Boone
Coons, Ritchie	Lebanon	Boone
Cooper, B. Trent	Roanoke	Allen
Cooper, Daniel F.	Indianapolis	Marion
Cooper, John F.	Muncie	Delaware-Blackford
Cooper, Leo K.	Gary	Lake
Cooper, Waller W.	Evansville	Vanderburgh
Cooper, Wm. Earl	Columbus	Bartholomew-Brown
Cope, Stanton E.	Huntington	Huntington
Copher, David E.	Indianapolis	Marion
Corcoran, Patrick J. V.	Evansville	Vanderburgh
Cormican, Herbert L.	Elkhart	Elkhart
Cornacchione, M.	Indianapolis	Marion

Name	City	County
Corpe, Kenneth F.	Rushville	Rush
Corrao, Thomas J.	Jeffersonville	Clark
Cortese, James V.	Indianapolis	Marion
Cortese, Thomas A., Jr.	Indianapolis	Marion
Cortese, Thomas A.	Indianapolis	Marion
Cosio, Julio	Jeffersonville	Clark
Costello, Albert J.	Munster	Lake
Costin, Robert L.	Indianapolis	Marion
Cotter, Edward R.	Hammond	Lake
Cottrell, Robert F.	Fort Wayne	Allen
Coughenour, J. Robert	Indianapolis	Marion
Coulon, Thomas F.	Muncie	Delaware-Blackford
Countryman, Frank W.	Indianapolis	Marion
Coursey, James O., Jr.	Argos	Marshall
Covalt, Wendell E.	Muncie	Delaware-Blackford
Covell, Harry M. (S)	Auburn	DeKalb
Covey, Thomas J.	Valparaiso	Porter
Covington, Constance	Valparaiso	Porter
Cox, Alfred C.	South Bend	St. Joseph
Cox, J. Bruce	Evansville	Vanderburgh
Cox, Larry	Evansville	Vanderburgh
Cox, Leon T. (S)	Richmond	Wayne-Union
Coyner, Alfred B. (S)	Clarks Hill	Tippecanoe
Craft, Kenneth L. (S)	Indianapolis	Marion
Craig, Alexander F.	Indianapolis	Marion
Craig, Harry L.	Huntingburg	Dubois
Craig, Reuben	Kokomo	Howard
Craig, Richard M.	Fort Wayne	Allen
Craig, Robert A.	Syracuse	Elkhart
Crane, David G.	Bloomington	Owen-Monroe
Crates, Gordon C.	Denver	Miami
Cravens, Frederick A.	Indianapolis	Marion
Cravens, Robert E.	Indianapolis	Marion
Crawford, James H.	Evansville	Vanderburgh
Crawford, John A.	Indianapolis	Marion
Crawford, Theodore R.	Kokomo	Howard
Creek, Jean Arthur	Bloomington	Owen-Monroe
Cripe, Earl P.	Bremen	Elkhart
Crise, John R.	Portage	Porter
Crist, John R.	Mt. Vernon	Posey
Cristee, James W.	Terre Haute	Vigo
Crockett, Wayne A.	Terre Haute	Vigo
Cron, William J.	Bloomington	Owen-Monroe
Cronin, H. Joseph	Indianapolis	Marion
Crosby, Reid C.	Bedford	Lawrence
Cross, David G.	Indianapolis	Marion
Crossin, James A.	Indianapolis	Marion
Crouse, Ben E.	Lafayette	Tippecanoe
Crowder, James H. (S)	Sullivan	Sullivan
Crudden, Charles H.	Evansville	Vanderburgh
Cuff, Steve C.	Fort Wayne	Allen
Culbertson, Clyde G.	Indianapolis	Marion
Cullen, P. Kent, Jr.	Santa Barbara, Calif.	Marion
Cullison, John L.	Muncie	Delaware-Blackford
Cullnane, Chris W.	Evansville	Vanderburgh
Culp, John E.	Fort Wayne	Allen
Cumming, James R.	Indianapolis	Marion
Cummins, Douglas F.	Indianapolis	Marion
Cummins, Larry E.	Fort Wayne	Allen
Cunningham, Robert D.	Marion	Grant
Cure, Charles W.	Indianapolis	Marion
Cure, Elmer T. (S)	Muncie	Delaware-Blackford
Cureton, Edward E.	Bloomington	Owen-Monroe
Curry, R. Louis	Indianapolis	Marion
Curtner, Myron L. (S)	Vincennes	Knox
Cusick, James A.	Indianapolis	Marion
Custodio, Camia	East Chicago	Lake
Cuthbert, Marvin P.	Indianapolis	Marion
Czenkusch, Helen G.	Indianapolis	Marion

D

Dacquisto, Michael P.	Warsaw	Kosciusko
Daftari, A. A.	Batesville	Ripley
Daggy, James R.	Richmond	Wayne-Union
Dahling, Fred W.	New Haven	Allen
Dainko, Alfred J.	East Chicago	Lake
Daley, Edward H.	Indianapolis	Marion
Dallas, Fred R.	Indianapolis	Marion
Dallas, Mary E.	Indianapolis	Marion
Dalton, Naomi L.	Bloomington	Owen-Monroe
Dalton, William W.	Indianapolis	Marion
Dalton, Wilson L.	Shelbyville	Shelby
Daly, Joseph M.	Indianapolis	Marion
Daly, Walter J.	Indianapolis	Marion
Dancel, Manuel T.	Scottsburg	Scott
Daniel, Gerold O.	Anderson	Madison
Daniel, John C. (S)	Laguna Hills, Calif.	Marion
Daniel, Robert A.	Gary	Lake
Dannacher, William D.	Wabash	Wabash
Darbro, David A.	Indianapolis	Marion
Darling, Dorothy R.	Gary	Lake
Darnell, Jeffrey C.	Indianapolis	Marion
Darroca, Wm. C.	Richmond	Wayne-Union
Das, Amal K.	Kokomo	Howard
Datzman, Basil J.	LaPorte	LaPorte
Datzman, Richard C.	Fort Wayne	Allen
Daugherty, Forest D.	Columbus	Bartholomew-Brown
Daugherty, Fred N. (S)	Crawfordsville	Montgomery
Daugherty, William L.	Hutsonville, Ill.	Sullivan
Dauscher, Dean D.	Fort Wayne	Allen
David, Delfin P.	Kokomo	Howard
Davidson, Charles O.	Gary	Lake
Davidson, Dale A.	Indianapolis	Marion
Davidson, Harold H.	Evansville	Vanderburgh
Davidson, Jaime A.	Indianapolis	Marion
Davis, Bennie L.	Indianapolis	Marion
Davis, Carl M. (S)	Valparaiso	Porter
Davis, Claude E.	Angola	Steuben
Davis, Edward A.	South Bend	St. Joseph
Davis, Grayson B.	Lafayette	Tippecanoe
Davis, Howard B.	Lafayette	Tippecanoe

Name	City	County
Davis, John A.	Flat Rock	Shelby
Davis, Joseph B.	Marion	Grant
Davis, Kenneth D.	Evansville	Vanderburgh
Davis, Larry M.	Indianapolis	Marion
Davis, Margaret M.	Indianapolis	Marion
Davis, Marvin R. (S)	Columbus	Bartholomew-Brown
Davis, Merrill S. (S)	Marion	Grant
Davis, Paul E.	Terre Haute	Vigo
Davis, Sam J.	Indianapolis	Marion
Day, William D. C. (S)	Seymour	Jackson-Jennings
Dayson, Louie O.	Vincennes	Knox
Deacon, Walter E.	Indianapolis	Marion
Deal, Eleanor H.	Speedway City	Marion
Dean, Donald I.	Rushville	Rush
Dean, Frederick K.	South Bend	St. Joseph
Deanovic, Frank W.	Richmond	Wayne-Union
Dearmin, Robert M. (S)	Indianapolis	Marion
DeArmond, Murray (S)	Indianapolis	Marion
DeBrota, John, Jr.	Indianapolis	Marion
Decatur, David R.	Indianapolis	Marion
Deery, Michael F.	Culver	Marshall
Deever, John W.	Indianapolis	Marion
DeFries, John J.	New Paris	Elkhart
DeGrazia, Eugene J.	Valparaiso	Porter
DeJesus, Jose R., Jr.	Plymouth	Marshall
Dehner, John R.	Tucson, Arizona	Wayne-Union
Deitch, Robert D.	Indianapolis	Marion
Deitsch, Howard	Richmond	Wayne-Union
de la Cotera, Frederick G.	Munster	Lake
De La Paz, Oscar H.	Merrillville	Lake
Del Rosario, Pedro G.	Rochester	Fulton
De Lumpa, Rustica	Valparaiso	Porter
De Lumpa, Vicente P.	Valparaiso	Porter
DeMelo, Luiz P.	Merrillville	Lake
DeMotte, C. Bowen (S)	Greenwood	Marion
DeNaut, James F.	Knox	Starke
Dennison, Kumpol	Merrillville	Lake
Denham, Robert H.	South Bend	St. Joseph
Denny, Forrest L.	Indianapolis	Marion
Denny, James W. (S)	Indianapolis	Marion
Denton, Larkin D.	Greentown	Howard
Denzer, Edward K.	Evansville	Vanderburgh
Denzer, William O.	Evansville	Vanderburgh
Deogracias, Francisco D.	Edinburg	Johnson
Deogracias, Monica D.	Indianapolis	Marion
DePorter, Louis A.	Munster	Lake
Deppe, Charles F.	Franklin	Johnson
Derhammer, George L. (S)	Brookston	Tippecanoe
DeRosa, G. Paul	Indianapolis	Marion
Dersch, David M.	Muncie	Delaware-Blackford
Deschamps, D. J.	Gary	Lake
Dester, Herbert E. (S)	Berne	Adams
Dettloff, Frederick R.	Greencastle	Putnam
Dettmer, Robert W.	Fort Knox, Ky.	Marion
Deupree, William D.	Shelbyville	Shelby
Deur, Julius, J.	Lafayette	Tippecanoe
Devetski, Robert L.	South Bend	St. Joseph
Dew, D. C.	Elkhart	Elkhart
DeWees, Dwight L. (S)	Indianapolis	Marion
DeWester, Gerald M.	Indianapolis	Marion
Dhana, Srikietr	Merrillville	Lake
Diamond, Jack L.	Evansville	Vanderburgh
Dian, August J.	Westville	LaPorte
Dick, William H.	Indianapolis	Marion
Dickerson, W. Martin	Monticello	White
Dickson, Carolyn L.	Indianapolis	Marion
Dickson, Dale D.	Greensburg	Decatur
Dieckman, Herbert S.	Evansville	Vanderburgh
Dierdorf, Fred W.	Terre Haute	Vigo
Dierolf, Edward J.	Gary	Lake
Dieter, William J. (S)	Westville	La Porte
Dietl, Ernest L.	South Bend	St. Joseph
Dietz, David J.	Muncie	Delaware-Blackford
Dill, Charles W.	Beech Grove	Marion
Dill, Myron K.	Indianapolis	Marion
Dillman, Carl E. (S)	Corydon	Harrison-Crawford
Dillon, Gary P.	Indianapolis	Marion
Dilts, Robert L.	Indianapolis	Marion
Dimailig, Gregorio H.	East Chicago	Lake
Dimitroff, Lambro	Calumet City, Ill.	Lake
Dingle, Paul E.	Richmond	Wayne-Union
Dingley, Albert F., Jr.	South Bend	St. Joseph
Dinninger, William S. (S)	Winchester	Randolph
Dino, Florian S.	Bedford	Lawrence
Dintaman, Paul G.	Indianapolis	Marion
Dirks, Kenneth R.	Frederick, Md.	Marion
Disney, Charles T.	Gary	Lake
Dittmer, Jack E.	Valparaiso	Porter
Dittmer, Thomas L.	Valparaiso	Porter
Dixon, Rex W.	Anderson	Madison
Dizon, Belen R.	Hammond	Lake
Dizon, Gualberto R., Jr.	Highland	Lake
Dizon, R. H.	Lawrenceburg	Dearborn-Ohio
Doan, John E.	Decatur	Adams
Dodd, Robert D.	South Bend	St. Joseph
Dodd, Roberts K.	Evansville	Vanderburgh
Dodds, James U. (S)	Hartford City	Delaware-Blackford
Dodds, Wemple (S)	Crawfordsville	Montgomery

Name	City	County
Doermann, Paul E.	Huntington	Huntington
Doherty, Raymond J.	Merrillville	Lake
Dolan, Patrick A.	Indianapolis	Marion
Doles, Ted S.	Middletown	Madison
Dolezal, Bernard J.	South Bend	St. Joseph
Domingo, Ricardo C.	Greensburg	Decatur
Donahue, Francis E.	Dublin	Henry
Donahue, George R. (S)	Lafayette	Tippecanoe
Donahue, James M.	Indianapolis	Marion
Donaldson, Frank C.	Anderson	Madison
Donaldson, Miles W.	Marion	Grant
Donato, Albert M.	Indianapolis	Marion
Donesa, Antonio B.	Fort Wayne	Allen
Doneff, Ronald H.	Gary	Lake
Donnally, George A.	Geneva	Jay
Donnelly, Robert W.	Beech Grove	Marion
Donohue, John P.	Indianapolis	Marion
Doran, J. Hal	Indianapolis	Marion
Dormire, Robert D.	Fort Wayne	Allen
Dorrance, Thomas O.	Bluffton	Wells
Doss, Jerome F.	Kokomo	Howard
Doughty, Samuel R., Jr.	Indianapolis	Marion
Douglas, William T.	Indianapolis	Marion
Doumanian, Heratch O.	Gary	Lake
Dovey, Edward G.	Elkhart	Elkhart
Dowd, Joseph A.	Indianapolis	Marion
Dowell, Anthony R.	Muncie	Delaware-Blackford
Dowell, Emil H. (S)	Rockville	Parke-Vermillion
Downer, Luther H.	Evansville	Vanderburgh
Downs, Kenneth R.	East Chicago	Lake
Dragomer, Andrei S.	Hammond	Lake
Dragoo, John R.	Wabash	Wabash
Drake, Dale W.	Evansville	Vanderburgh
Drake, Ellery T.	Martinsville	Morgan
Drake, James R.	Anderson	Madison
Drake, John C. (S)	Anderson	Madison
Drennen, Robert V.E.	Anderson	Madison
Drew, Daniel C.	Jasper	Dubois
Drummy, William W.	Terre Haute	Vigo
Dryden, Gale E.	Indianapolis	Marion
Dublin, Madeline P.	Francesville	Tippecanoe
DuBois, Charles C. (S)	Warsaw	Kosciusko
Dubois, Don R.	Indianapolis	Marion
DuBois, Ramon B.	Lafayette	Tippecanoe
Ducanes, Arnold D.	Greensburg	Decatur
Dugan, Thomas	Columbus	Bartholomew-Brown
Dugan, William M., Jr.	Indianapolis	Marion
Dukes, Betty	Dugger	Sullivan
Dukes, David J.	Corydon	Harrison-Crawford
Dukes, Joe	Dugger	Sullivan
Dukes, Michael J.	Indianapolis	Sullivan
Dukes, Russell J.	Rochester, Minn.	Sullivan
Dulin, Basil B.	Anderson	Madison
Dumanian, Ara V.	East Chicago	Lake
Dunbar, Fred E.	Marion	Grant
Duncan, John S. (S)	Gary	Lake
Duncan, Raymond	Bedford	Lawrence
Duncan, Stuart J.	Indianapolis	Marion
Duncan, William A.	Danville	Hendricks
Duncanes, Arnold D.	Greensburg	Decatur
Dunfee, Thomas P.	South Bend	St. Joseph
Dunham, Henry H.	Wabash	Wabash
Dunkin, Ramon S.	Indianapolis	Marion
Dunlap, D. Logan	South Bend	St. Joseph
Dunning, Preston M.	East Chicago	Lake
Dunning, Thomas W.	Muncie	Delaware-Blackford
Dunstone, H. C.	Fort Wayne	Allen
Dupler, Lee F.	Frankfort	Clinton
Duque, Fausto	Jeffersonville	Clark
Durham, Lowell J.	La Porte	La Porte
Durham, Thomas E.	Elkhart	Elkhart
Durkee, Melvin S.	Evansville	Vanderburgh
Dusard, Joseph C. (S)	Bedford	Lawrence
DuSold, Donald D.	Valparaiso	Lake
Dutchman, William R.	Muncie	Delaware-Blackford
Dy, James T.	Portage	Porter
Dy, Juley T.	Portage	Porter
Dyar, Edwin W.	Indianapolis	Marion
Dyar, Robert W.	Indianapolis	Marion
Dycus, Walter A.	Evansville	Vanderburgh
Dye, Cloyd L.	New Castle	Henry
Dye, William E.	Oakland City	Gibson
Dyer, George W.	Terre Haute	Vigo
Dyer, John K.	Fort Wayne	Allen
Dyer, Wallace K.	Evansville	Vanderburgh
Dyke, Richard W.	Indianapolis	Marion
Dyken, Mark L.	Indianapolis	Marion
Dykhuizen, Theodore A.	Frankfort	Clinton
E		
Eades, R. Charles	South Bend	St. Joseph
Earl, Max M.	Kokomo	Howard
Earp, Evanson B. (S)	Indianapolis	Marion
Easter, James N.	New Castle	Henry
Eastlund, Marvin E.	Indianapolis	Marion
Eaton, Edwin R.	Indianapolis	Marion
Eaton, Lyman D.	Indianapolis	Marion
Eaton, Marion J. (S)	Lafayette	Tippecanoe
Ebbinghouse, Tom	Richmond	Wayne-Union
Ebert, J. Wayne (S)	Indianapolis	Marion
Echeverria, Rodolfo E.	Elkhart	Elkhart
Echsner, Herman J.	Columbus	Bartholomew-Brown
Echt, Charles R.	Indianapolis	Marion
Eckert, Russell A.	Logansport	Cass
Edmands, Robert E.	Indianapolis	Marion
Edmonds, Kendrick	Bedford	Lawrence
Edwards, Bernard E.	South Bend	St. Joseph
Edwards, David J.	Indianapolis	Marion
Edwards, Henry G.	Terre Haute	Vigo
Edwards, J. Robert	Auburn	DeKalb
Edwards, Joshua L.	Indianapolis	Marion

Name	City	County
Frederick, Terry L.	Columbus	Bartholomew-Brown
Free, Michael W.	Columbus	Bartholomew-Brown
Freed, Carl A.	Indianapolis	Marion
Freed, John E.	Terre Haute	Vigo
Freeman, Max E.	Carmel	Marion
French, Richard N.	Indianapolis	Marion
French, Richard S.	Indianapolis	Marion
Fretz, Richard C.	Kokomo	Howard
Frey, Harley H., Jr.	Lafayette	Tippecanoe
Friedman, Isadore E.	Hammond	Lake
Friedman, Morris S.	South Bend	St. Joseph
Friend, George	South Bend	St. Joseph
Friesen, G. Weldon	Middlebury	Elkhart
Frieske, David A.	Munster	Lake
Fritch, John M.	Lafayette	Tippecanoe
Frith, Louis G. (S)	Granger	St. Joseph
Fritz, Walter	South Bend	St. Joseph
Froderman, Stanley E.	Brazil	Clay
Fromhold, Willis A.	Indianapolis	Marion
Frost, Robert J.	Michigan City	La Porte
Fry, Robert D.	Indianapolis	Marion
Fuelling, James L.	Marion	Grant
Fugelso, Erling S.	Bloomington	Owen-Monroe
Fullam, Richard G.	Fort Wayne	Allen
Fuller, Robert G.	Columbus	Bartholomew-Brown
Fulton, William H.	Indianapolis	Marion
Fultz, Roy L.	Jeffersonville	Clark
Fundenberger, Martin	Indianapolis	Marion
Furman, Robert H.	Indianapolis	Marion
Furr, Jack D.	Hillsboro	Fountain-Warren
Furtado, Robert	Fort Wayne	Allen
Fuson, Wenfred J. (S)	Greencastle	Putnam
Futterknecht, James O.	Elkhart	Elkhart
G		
Gabato, Manuel B.	Crown Point	Lake
Gabe, William E. (S)	Orinda, Calif.	Marion
Gabovitch, Edward R.	Indianapolis	Marion
Gaboya, Ruben R.	Bunker Hill	Howard
Gabriel, Magdi	Mishawaka	St. Joseph
Gabrielsen, Ted H.	Greenfield	Marion
Gaddy, Euclid T. (S)	Indianapolis	Marion
Gaddy, Nelson D.	Indianapolis	Marion
Gahimer, Joe E.	Anderson	Madison
Galante, Albert	Munster	Lake
Galante, Gloria	Munster	Lake
Galban, Eufrosiana G.	Gary	Lake
Galinis, Algimantas J.	Michigan City	LaPorte
Gallagher, Daniel	Fort Wayne	Allen
Galliher, Marjorie J.	Muncie	Delaware-Blackford
Gallinatti, John J.	Gary	Porter
Galup, Luis N.	South Bend	St. Joseph
Gambill, William D.	Indianapolis	Marion
Gammell, Lindley L.	Columbus	Bartholomew-Brown
Ganaden, Eulogio V.	Indianapolis	Marion
Gangi, Nasser	Bloomington	Owen-Monroe
Gannon, Anthony	Franklin	Johnson
Ganser, Ralph V.	South Bend	St. Joseph
Ganser, Richard A.	Mishawaka	St. Joseph
Ganz, Max	Marion	Grant
Garber, J. Neill	Indianapolis	Marion
Garceau, George J. (S)	Indianapolis	Marion
Garcia, Manuel G.	Batesville	Ripley
Garcia, Tierry	Indianapolis	Marion
Gard, Daniel A.	Indianapolis	Marion
Gardiner, Sprague H.	Indianapolis	Marion
Gardner, Austin L.	Indianapolis	Marion
Gardner, F. Buckman	Indianapolis	Marion
Gardner, Norman D.	Indianapolis	Marion
Garfield, Martin D.	Indianapolis	Marion
Garland, Edgar A.	Evansville	Vanderburgh
Garner, W. Stanley	Indianapolis	Marion
Garner, William H., Jr.	New Albany	Floyd
Garner, William H., Sr. (S)	New Albany	Floyd
Garrett, Robert A.	Indianapolis	Marion
Garrison, James L.	Cumberland	Hancock
Garrison, Leon J. (S)	Gas City	Grant
Garton, Harry W. (S)	Fort Wayne	Allen
Gastineau, David C.	Fort Wayne	Allen
Gates, George E.	South Bend	St. Joseph
Gates, G. Gregory	Valparaiso	Porter
Gatmaitan, Alejandro V.	Knightstown	Henry
Gaton, Jordi	Milan	Ripley
Gattman, G. Beach	Elkhart	Elkhart
Gatzimos, Christos D.	Wabash	Wabash
Gaul, L. Edward	Evansville	Vanderburgh
Gaunt, Everett W.	Alexandria	Madison
Gaurano, Lauro M.	Indianapolis	Marion
Geckler, Charles E.	Muncie	Delaware-Blackford
Gehring, Thomas A.	Merrillville	Lake
Geick, Raymond G.	Fort Branch	Gibson
Geider, Roy A. (S)	Indianapolis	Marion
Geiger, Dillon D.	Bloomington	Owen-Monroe
Geisler, Hans E.	Indianapolis	Marion
Gelinas, Allen R.	Evansville	Vanderburgh
Geller, Samuel	Evansville	Vanderburgh
Genna, Mary E. Miller	Santa Barbara, Calif.	Marion
Gentile, Jonathan P.	Fort Wayne	Allen
George, Charles L.	Indianapolis	Marion
Gerding, William J.	Fort Wayne	Allen
Gergesha, Edward A.	South Bend	St. Joseph
Gerig, Eldon L.	Mishawaka	St. Joseph
Gerrish, Donald A. (S)	Terre Haute	Vigo
Gerth, Robert E.	Indianapolis	Marion
Gery, Richard E.	Lafayette	Tippecanoe
Gettle, David R.	Indianapolis	Marion
Getty, William H.	Evansville	Vanderburgh
Gevirtz, Milton B. (S)	Miami Beach, Fla.	Lake
Gibbs, Joseph W.	Martinsville	Hendricks
Gibson, Alois E.	Richmond	Wayne-Union

Name	City	County
Gibson, Greta Maxine	Indianapolis	Marion
Gibson, Milton E.	South Bend	St. Joseph
Gibson, Robert K.	Muncie	Delaware-Blackford
Gick, Herman H. (S)	Indianapolis	Marion
Giffin, Charles S.	Fort Wayne	Allen
Gifford, J. Dean	Wabash	Wabash
Gilbert, Alan R.	Fort Wayne	Allen
Gilbert, Robert G.	Cannelton	Perry
Gilles, Pierre	Gary	Lake
Gill, Harbans S.	Cedar Lake	Lake
Gillespie, Charles F.	Indianapolis	Marion
Gillespie, Garland R. (S)	Brownstown	Jackson-Jennings
Gillespie, Jacob E.	Indianapolis	Marion
Gilliland, John E.	Franklin	Johnson
Gillim, Parvin D.	Indianapolis	Marion
Gillum, Eugene M.	Portland	Jay
Gilman, Marcus M. (S)	South Bend	St. Joseph
Gilmore, Robert W.	Michigan City	La Porte
Gilmore, Russell A. (S)	Michigan City	La Porte
Gingerick, Charles M.	Liberty Center	Wells
Ginsherman, A. B.	New Albany	Floyd
Giorgio, Douglas J.	Evansville	Vanderburgh
Giragos, Henry G.	East Chicago	Lake
Girgis, M. H.	Bedford	Lawrence
Girod, Arthur H.	Decatur	Adams
Girod, Donald A.	Indianapolis	Marion
Gish, Howard M.	Delphi	Tippecanoe
Gitlin, William A.	Bluffton	Wells
Given, Gilbert Z.	East Chicago	Lake
Gize, Raymond W.	Fort Wayne	Allen
Glackman, John C., Jr.	Rockport	Spencer
Glanzman, Norman	Carmel	Marion
Glassley, Stephen H.	Fort Wayne	Allen
Glendening, Richard L.	Logansport	Cass
Glock, Douglas E.	Marion	Grant
Glock, Hugh E.	Greencastle	Putnam
Glock, Maurice E.	Fort Wayne	Allen
Glock, Steven R.	Fort Wayne	Allen
Glover, John L.	Indianapolis	Marion
Glover, Wm. J.	Merrillville	Lake
Godersky, George E.	South Bend	St. Joseph
Godersky, Lois G.	South Bend	St. Joseph
Godwin, Donald W.	Evansville	Vanderburgh
Goebel, Carl W.	Fort Wayne	Allen
Goel, Arun K.	Merrillville	Lake
Goel, Sarla	Merrillville	Lake
Goetcheus, A. Janelle	Upland	Grant
Gold, Marvin E.	Valparaiso	Porter
Goldberg, B. Richard	Marion	Grant
Goldberg, Harold B.	Gary	Lake
Golden, William Y.	Jeffersonville	Clark
Goldenberg, David B.	Indianapolis	Marion
Goldenburg, Mitchell E.	Munster	Lake
Golding, Robert F.	Merrillville	Lake
Goldman, Samuel	Indianapolis	Marion
Goldsmith, David A.	Marion	Grant
Goldstone, Adolph	Gary	Lake
Goldstone, Joseph (S)	Hallandale, Fla.	Lake
Goldstone, Robert J.	Gary	Lake
Goldstone, Sidney R.	Gary	Lake
Golper, Marvin N.	Kokomo	Howard
Gomez, Cesar M.	Munster	Lake
Gonzales, Raul C.	Bedford	Lawrence
Gonzales, Sesinando A.	Highland	Lake
Gonzales, Alfredo B.	Indianapolis	Marion
Good, Richard P.	Kokomo	Howard
Goode, Robert	Knox	Starke
Goodell, Charles L.	Muncie	Delaware-Blackford
Goodman, Eli	Charlestown	Clark
Goodman, H. T. (S)	Terre Haute	Vigo
Goodman, Julius M.	Indianapolis	Marion
Goodwin, Thomas G.	Merrillville	Lake
Gootee, Francis H.	Jasper	Dubois
Gootee, Thomas H.	Jasper	Dubois
Gordon, Joseph L. (S)	Wheeler	Porter
Gordon, Mark	Munster	Lake
Gormley, Joseph J.	Indianapolis	Marion
Gosman, James H.	Indianapolis	Marion
Gossard, John M.	Lafayette	Tippecanoe
Gossard, Meredith B.	Tipton	Tipton
Gossom, Donn R.	Terre Haute	Vigo
Gould, John C.	Fort Wayne	Allen
Gourieux, E. De Verre	Evansville	Vanderburgh
Graber, Alvin R.	Nappanee	Elkhart
Graber, Benjamin R.	Waterloo	DeKalb
Graber, Martin J.	Beech Grove	Marion
Graber, Virgil R.	Elkhart	Elkhart
Grabow, Emil F.	Munster	Lake
Graessle, H. P. (S)	Seymour	Jackson-Jennings
Graf, Jerome A. (S)	Bloomfield	Greene
Graf, Russell E.	Bluffton	Wells
Graf, John P.	South Bend	St. Joseph
Graham, Edward W.	Indianapolis	Marion
Graham, George M.	Fort Wayne	Allen
Graham, James C.	Fort Wayne	Allen
Graham, John D.	Indianapolis	Marion
Graham, William E.	Indianapolis	Marion
Granda, Armando B.	Kokomo	Howard
Grannemann, H. N.	Muncie	Delaware-Blackford
Grant, Benjamin F.	Gary	Lake
Grant, M. Arthur	Marion	Grant
Grant, Phyllis A.	New Castle	Henry
Graves, Noel S.	Madison	Jefferson-Switzerland
Graves, Orville M. (S)	Princeton	Gibson
Gray, Howard R.	Indianapolis	Marion
Gray, Kenneth L.	Indianapolis	Marion
Gray, Leon (S)	Martinsville	Morgan
Gray, Stuart A.	Muncie	Delaware-Blackford

Name	City	County
Gray, Wayne L.	Muncie	Delaware-Blackford
Gray, William J.	Anderson	Madison
Grayson, Fred E.	Munster	Lake
Grayson, Merrill	Indianapolis	Marion
Grayson, Ted L.	Indianapolis	Marion
Green, Frank H., Jr.	Rushville	Rush
Green, G. Richard	South Bend	St. Joseph
Green, George F. (S)	South Bend	St. Joseph
Green, Leonard J.	Valparaiso	Porter
Green, Morris	Indianapolis	Marion
Green, Norval E.	South Bend	St. Joseph
Green, Oscar	Indianapolis	Marion
Green, Robert F.	Fort Wayne	Allen
Green, William L.	Shelbyville	Shelby
Greenberg, Burton H.	East Chicago	Lake
Greenberg, H. L.	Rensselaer	Jasper
Greene, Morgan E.	Indianapolis	Marion
Greene, Robert W.	Rensselaer	Jasper
Greene, William R.	Jeffersonville	Clark
Greenlee, James R.	Bloomington	Owen-Monroe
Greenlee, Joseph A., Jr.	Carmel	Noble
Greenlee, Robert L.	Fort Wayne	Allen
Greenwood, Charles W.	Columbus	Bartholomew-Brown
Gregg, Edwin E.	Thorntown	Boone
Gregoline, Eugene	Gary	Lake
Gregory, David L.	Columbus	Bartholomew-Brown
Gregory, Robert L.	Indianapolis	Marion
Greider, Lester S.	Lafayette	Tippecanoe
Greisen, Jack C.	Whiting	Lake
Greist, John H.	Indianapolis	Marion
Grief, James V.	Indianapolis	Marion
Grief, Robert S.	Indianapolis	Marion
Griep, Arthur H.	Evansville	Vanderburgh
Griep, John A.	Indianapolis	Marion
Gries, Richard L.	Evansville	Vanderburgh
Griest, Walter D.	Fort Wayne	Allen
Griffin, Charles G.	Valparaiso	Porter
Griffin, Joseph P.	Chesterton	Porter
Griffin, Leslie W.	Indianapolis	Marion
Griffith, Harold R.	Fort Wayne	Allen
Griffith, Richard S.	Indianapolis	Marion
Griffith, Ross E.	Indianapolis	Marion
Grillo, Donald	South Bend	St. Joseph
Grimes, Eva M.	Indianapolis	Marion
Grimes, Hubert N.	Indianapolis	Marion
Grimm, William C.	Evansville	Vanderburgh
Gripe, Richard P.	Lafayette	Tippecanoe
Grisell, Ted L.	Indianapolis	Marion
Grisell, Ted W.	Indianapolis	Marion
Grorud, Alton C.	South Bend	St. Joseph
Grosfeld, Jay L.	Indianapolis	Marion
Gross, Joseph O.	Munster	Lake
Grosso, William G.	East Chicago	Lake
Grosz, Hanus J.	Indianapolis	Marion
Grothouse, Carl B.	Kokomo	Howard
Grove, Dean A.	Indianapolis	Marion
Gruber, Charles M.	Indianapolis	Marion
Guckien, Joseph L.	Evansville	Vanderburgh
Guevara, Frenita B.	Upland	Grant
Guevara, Teodoro G.	Marion	Grant
Guild, John K.	Plymouth	Marshall
Guin, Jere D.	Kokomo	Howard
Guinigundo, Noli C.	Brookville	Fayette-Franklin
Gumbert, Jack L.	Fort Wayne	Allen
Gunderson, Shaun D.	Goshen	Elkhart
Gustafson, Milton H.	Muncie	Delaware-Blackford
Gustaitis, John W.	Whiting	Lake
Gustaitis, John W., Jr.	Munster	Lake
Guthrie, James R.	Richmond	Wayne-Union
Guthrie, James U.	Peru	Miami
Gutierrez, Peter E.	Crown Point	Lake
Gutman, Gordon	Jeffersonville	Clark
Guttman, John B.	Wakarusa	Elkhart
Gutwein, Gilbert	Lafayette	Tippecanoe
Guzman, Marcelino F.	Morocco	Newton
H		
Haas, Charles F.	Lafayette	Tippecanoe
Haas, Ray A.	Greenfield	Hancock
Habbe, Timothy A.	Bloomington	Owen-Monroe
Habegger, Elmer D.	Indianapolis	Marion
Habermel, John F.	New Albany	Floyd
Hackett, Walter G.	Fort Wayne	Allen
Hackney, Victor C.	Indianapolis	Marion
Haddad, Rolando	Jeffersonville	Clark
Haddowi, Rajih Y.	Bloomington	Owen-Monroe
Hadey, James H.	Merrillville	Lake
Hadidian, Henry A.	East Chicago	Lake
Hadley, David	Indianapolis	Marion
Hadley, David M.	Plainfield	Hendricks
Haffner, Herman G. (S)	Fort Wayne	Allen
Hagan, Marion L.	French Lick	Orange
Hagenow, Charles F.	LaPorte	LaPorte
Haggard, David B.	Plainfield	Hendricks
Haggerty, Fred E.	Greencastle	Putnam
Haines, David W.	Warsaw	Kosciusko
Hakami, Mohamed I.	Huntingburg	Dubois
Halaby, Fouad A.	Fort Wayne	Allen
Haley, Alvin J.	Fort Wayne	Allen
Haley, George M.	South Bend	St. Joseph
Haley, Paul E. (S)	South Bend	St. Joseph
Halfast, Richard W.	Kokomo	Howard
Hall, Bernard R.	Logansport	Cass
Hall, Donald L.	Petersburg	Pike
Hall, Jack H.	Indianapolis	Marion
Hall, James M.	South Bend	St. Joseph
Hall, Robert S.	Muncie	Delaware-Blackford
Hall, Thomas C.	Chesterton	Porter
Hall, William R.	Fort Wayne	Allen
Halleck, Harold J. (S)	Winamac	Pulaski
Haller, Richard C.	Fort Wayne	Allen
Haller, Robert L.	Kempton	Tipton
Haller, Thomas C.	Crawfordsville	Montgomery
Halum, Ramon G., Jr.	Munster	Lake

Name	City	County
Hamaker, Ronald C.	Indianapolis	Marion
Hamburger, Richard J.	Indianapolis	Marion
Hamby, William M.	Hammond	Lake
Hamer, John L.	Fort Wayne	LaGrange
Hamilton, Charles O.	South Bend	St. Joseph
Hamilton, Emory D.	Fort Wayne	Allen
Hamilton, George M.	Fort Wayne	Allen
Hamilton, Howard B.	Indianapolis	Marion
Hamilton, James R. (S)	Mitchell	Lawrence
Hamilton, Thomas	Columbia City	Whitley
Hammel, Howard T.	Springville	Lawrence
Hammer, Jay W.	Bloomington	Owen-Monroe
Hammer, Michael	Hammond	Lake
Hammersley, George K.	Frankfort	Clinton
Hammond, R. Case	Evansville	Vanderburgh
Hammond, Stanley	Munster	Lake
Hampshire, Donald R.	Indianapolis	Marion
Hampton, James N.	Argos	Marshall
Han, Daniel	Crown Point	Lake
Han, Sang Ho	Munster	Lake
Haney, Leslie E.	Goshen	Elkhart
Hann, Eldon C.	Indianapolis	Marion
Hanna, Thomas A.	Indianapolis	Marion
Hannah, Jack W.	Elkhart	Elkhart
Hanneken, Vincent J.	Wabash	Wabash
Hannemann, Robert E.	Lafayette	Tippecanoe
Hansell, Charles E.	Fort Wayne	Allen
Hansen, Nikolas F.	Valparaiso	Porter
Hanson, Martin F.	Elwood	Madison
Harcourt, Robert S.	Indianapolis	Marion
Harden, Murray E.	W. Lafayette	Tippecanoe
Hardin, Wayne E.	Ossian	Wells
Harding, John S.	South Bend	St. Joseph
Harding, M. Richard	Indianapolis	Marion
Harding, Myron S. (S)	Indianapolis	Marion
Hare, Daniel M.	Evansville	Vanderburgh
Hare, Earl H. (S)	Indianapolis	Marion
Hare, Francis W., Jr.	Madison	Jefferson-Switzerland
Hare, Laura	Indianapolis	Marion
Harger, Robert W.	Indianapolis	Marion
Hargett, Herbert P.	Jeffersonville	Clark
Hargett, Isaac R.	Evansville	Vanderburgh
Harless, Clarence M. (S)	Porter	Porter
Harless, O. Fred	Monroeville	Allen
Harlowe, Stuart E.	New Albany	Floyd
Harmon, Carl J.	Richmond	Wayne-Union
Harmon, Thomas	Evansville	Vanderburgh
Harnden, Hurlbut L.	Madison	Jefferson-Switzerland
Harned, Ben K., Jr.	Evansville	Vanderburgh
Harper, James W.	East Chicago	Lake
Harrell, Ronald R.	Elkhart	Elkhart
Harris, C. Glenn	South Bend	St. Joseph
Harris, Carl B.	Carmel	Marion
Harris, George F.	Madison	Jefferson-Switzerland
Harris, James J.	Fort Wayne	Allen
Harris, Neil R.	Goshen	Elkhart
Harris, Paul N.	Indianapolis	Marion
Harris, Robert L.	Evansville	Vanderburgh
Harris, William D.	Evansville	Vanderburgh
Harshman, James A.	Kokomo	Howard
Harshman, Louis P. (S)	Frankfort	Allen
Harstad, Casper (S)	Rockville	Parke-Vermillion
Hart, Robert B.	Columbus	Bartholomew-Brown
Harter, Eli B.	Lafayette	Tippecanoe
Hartley, Clarence A., Jr.	Evansville	Vanderburgh
Hartman, John J.	Angola	Steuben
Hartsough, Ralph I.	North Liberty	St. Joseph
Hartz, F. Minton	Evansville	Vanderburgh
Harvey, Bennett B.	Lafayette	Tippecanoe
Harvey, David M.	Munster	Lake
Harvey, Harry C. (S)	Franklin	Allen
Harvey, John C.	Auburn	DeKalb
Harvey, Ralph J. (S)	Zionsville	Boone
Harvey, Verne K., Jr.	Indianapolis	Marion
Harvey, Verne K., Sr. (S)	Zionsville	Marion
Hasewinkel, Carroll W.	Carmel	Marion
Hasewinkle, August M.	Fort Wayne	Allen
Hash, John S.	Noblesville	Hamilton
Hashemi, Hossein	Warsaw	Kosciusko
Haslem, Ezra A. (S)	Terre Haute	Vigo
Haslem, John R.	Terre Haute	Vigo
Hass, Caroline E.	W. Lafayette	Tippecanoe
Hass, Thomas W.	W. Lafayette	Tippecanoe
Hassel, Walter B.	Evansville	Vanderburgh
Hastings, Warren C.	Fort Wayne	Allen
Haswell, John	Vincennes	Knox
Hatcher, Charles M.	Columbus	Delaware-Blackford
Hatfield, Nicholas W.	Indianapolis	Marion
Hathaway, Clayton B. Jr.	Auburn	DeKalb
Hathaway, William H.	Auburn	DeKalb
Hattendorf, Anton P. (S)	Fort Wayne	Allen
Hauersperger, Alfred D.	Columbus	Bartholomew-Brown
Haugseth, Ellsworth K.	South Bend	St. Joseph
Havens, A. Lyle	Jeffersonville	Clark
Havens, Thomas R.	Jeffersonville	Clark
Havens, Oscar	Cicero	Hamilton
Havens, Russell E. (S)	Fort Wayne	Allen
Hawes, Marvin E.	Columbus	Bartholomew-Brown
Hawk, Edgar A.	Indianapolis	Marion
Hawk, James H.	Indianapolis	Marion
Hawkins, Glen E.	Sanford, N.C.	St. Joseph
Hawkins, Richard D.	Bedford	Lawrence
Hawthorne, James J.	Indianapolis	Marion
Hay, Gene R.	Michigan City	La Porte

Name	City	County
Hayes, Theodore R.	Muncie	Delaware-Blackford
Haymond, George M.	Warsaw	Kosciusko
Haymond, Joseph L.	Indianapolis	Marion
Haynes, John T.	Indianapolis	Marion
Hayter, Robt.	Lyons	Greene
Haywood, John G.	Noblesville	Hamilton
Hazelrigg, Donald E.	Houston, Texas	Marion
Healey, Robert J.	Indianapolis	Marion
Healy, Cornelius E.	Evansville	Vanderburgh
Heaton, Elton	Madison	Jefferson-Switzerland
Hebard, Harold G., Jr.	Lafayette	Tippecanoe
Heck, Larry L.	Indianapolis	Marion
Heck, Martin C.	Jasper	Dubois
Heckaman, Edward L.	Richmond	Wayne-Union
Hedgcock, Robert A.	Frankfort	Clinton
Hedrick, James T.	Gary	Lake
Hedrick, Philip W.	Indianapolis	Marion
Hegeman, Theodore F.	Indianapolis	Marion
Hehemann, William V.	Munster	Lake
Heid, George J., Jr.	Lafayette	Tippecanoe
Heideman, Harry D.	Jeffersonville	Clark
Heilman, William C., Jr.	New Castle	Henry
Heilman, W. C., Sr. (S)	New Castle	Henry
Heimburger, Irvin L.	Evansville	Vanderburgh
Heimburger, Robert F.	Indianapolis	Marion
Heinlein, Carl L.	Danville	Hendricks
Heinrich, Weston A.	Evansville	Vanderburgh
Heiser, Ervin W.	Elkhart	Elkhart
Heitzman, Alois I.	Marion	Grant
Held, George A.	Santa Claus	Dubois
Helmen, Charles H.	Indianapolis	Marion
Helmer, John F.	South Bend	St. Joseph
Helms, Charles E.	Munster	Lake
Helveston, Eugene M.	Indianapolis	Marion
Hemphill, Roger A.	Marion	Grant
Hendershot, Eugene L.	Evansville	Vanderburgh
Henderson, Norman C.	Michigan City	La Porte
Henderson, Ramon A.	Muncie	Delaware-Blackford
Henderson, Roscoe C.	Indianapolis	Marion
Hendricks, Fred A.	Indianapolis	Marion
Hendricks, John W. (S)	Indianapolis	Marion
Hendrix, Charles E.	Vincennes	Knox
Henn, R. Anthony	Greenfield	Hancock
Hennessee, Samuel D.	Carmel	Marion
Henry, Alvin L.	Columbus	Bartholomew-Brown
Henry, Howard J.	Knox	Starke
Henry, Russell S. (S)	Indianapolis	Marion
Hensler, Benton M.	Anderson	Madison
Hensley, Harry T.	Oaklandon	Hancock
Hepner, Herman	Kendallville	Noble
Hepner, Herman S. (S)	Bloomington	Owen-Monroe
Herendeen, Thomas L.	Fort Wayne	Allen
Heritier, C. Jules	Columbia City	Whitley
Herman, Daniel J.	Vincennes	Knox
Hermann, Harold W.	Evansville	Vanderburgh
Hermayer, Stephen	Evansville	Vanderburgh
Hernandez, Antonio V.	Washington	Daviess-Martin
Hernandez, I. C.	East Chicago	Lake
Herod, Gilbert T.	Indianapolis	Marion
Herrell, Michael A.	Evansville	Vanderburgh
Herrera, Vivencio A.	Fort Wayne	Allen
Herrick, Charles L.	Akron	Fulton
Herrmann, Gordon T.	Evansville	Vanderburgh
Hershberger, Philip G.	Fort Wayne	Allen
Herzberg, Milton	Clinton	Parke-Vermillion
Herzer, Clarence C. (S)	Evansville	Vanderburgh
Hess, Paul P.	New Albany	Floyd
Hetherington, John A.	Terre Haute	Vigo
Heubi, John E.	Indianapolis	Marion
Heumann, John E.	Evansville	Vanderburgh
Heyde, Edward L.	South Bend	St. Joseph
Hibbeln, Frederic P.	Indianapolis	Marion
Hibbeln, Thomas J.	Danville	Hendricks
Hibbs, William G. (S)	Franklin	Johnson
Hibner, Dan W.	Richmond	Wayne-Union
Hibner, Kermit Q.	Bloomington	Owen-Monroe
Hibner, Nolan A.	Monticello	White
Hickman, Donald M.	Fort Wayne	Allen
Hicks, Murwyn L.	Indianapolis	Marion
Hicks, Thomas J.	Fort Wayne	Allen
Hieber, Frank R.	Munster	Lake
Higgins, James L.	Evansville	Vanderburgh
Higgins, Jack W.	Kokomo	Howard
Higgins, John R.	New Albany	Floyd
High, Ralph L.	Muncie	Delaware-Blackford
Hilbert, John W. (S)	South Bend	St. Joseph
Hildebrand, John O., Jr.	South Bend	St. Joseph
Hildebrand, William L.	Indianapolis	Marion
Hill, Herbert N.	Indianapolis	Marion
Hill, James K.	Indianapolis	Marion
Hill, James S.	Fort Wayne	Allen
Hill, Kenneth G.	New Castle	Henry
Hill, Lloyd L.	Peru	Miami
Hill, Paul G. (S)	Cambridge City	Wayne-Union
Hill, Robert E.	Yorktown	Delaware-Blackford
Hill, Theodore A.	Michigan City	La Porte
Hill, Wallace C.	South Bend	St. Joseph
Hillenbrand, Charles	Michigan City	La Porte
Hillery, Robert L.	Fort Wayne	Allen
Hillis, Lowell J.	Logansport	Cass
Hillman, Marion W. (S)	Sarasota, Fla.	St. Joseph
Hilz, James M.	Indianapolis	Marion
Hilz, Mary Ann	Indianapolis	Marion
Himebaugh, Gilbert J.	Evansville	Vanderburgh
Himelstein, N. Harvey	Indianapolis	Marion
Himmelsbach, Wm. A.	Elkhart	Elkhart
Himler, James M. (S)	Indianapolis	Marion
Hinchman, Jean F.	Parker	Delaware-Blackford

Name	City	County
Hines, John H.	Auburn	De Kalb
Hines, Kenneth E.	Sellersburg	Clark
Hinshaw, Michael A.	Richmond	Wayne-Union
Hippensteel, Harland	Auburn	De Kalb
Hirsch, Herman L.	Mt. Vernon	Posey
Hirsch, Melvin L.	Dyer	Lake
Hirsch, Theodore	Connersville	Fayette-Franklin
Hitchcock, Larry G.	Indianapolis	Marion
Hitchcock, Philip D.	Evansville	Vanderburgh
Hobbs, Arthur A. (S)	Evansville	Vanderburgh
Hobbs, Hudner	Indianapolis	Marion
Hoberock, Thomas R.	Bedford	Lawrence
Hobgood, James L., Jr.	Evansville	Vanderburgh
Hochhalter, Marian (S)	Logansport	Cass
Hodel, Harry L.	Indianapolis	Marion
Hodgin, Phillip T.	Orleans	Orange
Hodonos, Phillip E.	Michigan City	La Porte
Hoetzer, Eldore M.	New Haven	Allen
Hoffman, Arthur F.	Fort Wayne	Allen
Hoffman, Max N.	Covington	Fountain-Warren
Hogan, Michael A.	Indianapolis	Marion
Hogan, Thomas W.	Terre Haute	Vigo
Hogle, Frank D.	Michigan City	LaPorte
Hoham, Frederick D.	Portage	Porter
Hoit, Leonard	Merrillville	Lake
Holdeman, Lillian S.	South Bend	St. Joseph
Holdeman, Richard W.	South Bend	St. Joseph
Holden, Robert W.	Plainfield	Bartholomew-Brown
Holdread, Jon W.	Columbus	Bartholomew-Brown
Holland, William M.	Indianapolis	Marion
Hollenberg, Alfred E.	Hagerstown	Wayne-Union
Hollenberg, Edward L.	Winamac	Pulaski
Holliday, Alfonso	Gary	Lake
Hollingsworth, Thomas H.	Muncie	Delaware-Blackford
Holloway, Richard J.	South Bend	St. Joseph
Holman, Jerome E., Jr.	Indianapolis	Marion
Holman, Jerome E., Sr. (S)	Indianapolis	Marion
Holmes, John L.	Muncie	Delaware-Blackford
Holtzman, Norman N.	South Bend	St. Joseph
Holtzman, Paul W.	Bloomington	Owen-Monroe
Holwerda, Harry L.	DeMotte	Porter
Honan, Paul R.	Lebanon	Boone
Honzik, Ralph J.	Culver	Marshall
Hood, Ainslee A.	Indianapolis	Marion
Hood, Tony E.	Evansville	Vanderburgh
Hooker, Donald J.	Ligonier	Noble
Hooker, Rex R.	East Chicago	Lake
Hoopes, Jane M.	Evansville	Vanderburgh
Hoover, Dewey A.	Terre Haute	Vigo
Hoover, J. Guy	Evansville	Vanderburgh
Hoover, Joseph R.	Fort Wayne	Allen
Hoover, Peter B.	Boonville	Warrick
Hopkins, Bruce J.	Indianapolis	Marion
Hopkins, L. H. (S)	Versailles	Ripley
Horlander, Fridolin	Jeffersonville	Clark
Hornback, Ned B	Indianapolis	Marion
Horning, Richard R.	Logansport	Cass
Horst, William N.	Crown Point	Lake
Horswell, Richard G.	Bristol	Elkhart
Horswell, Richard R.	Lafayette	Tippecanoe
Horvath, George A.	South Bend	St. Joseph
Horvath, John L. Jr.	Lafayette	Tippecanoe
Horwitz, Thomas	Indianapolis	Marion
Houck, Richard	Michigan City	LaPorte
Houser, D. Duane	Indianapolis	Marion
Houser, D. Stanley	South Bend	St. Joseph
Houser, Keim T.	South Bend	St. Joseph
Houston, Fred D.	Lawrenceburg	Dearborn-Ohio
Hovanessian, Raffy A.	Merrillville	Lake
Hovda, Richard B.	Evansville	Vanderburgh
Hover, Galen M.	Charlestown	Clark
How, Louis E. (S)	Lakeville	St. Joseph
Howard, Joseph D.	Logansport	Cass
Howard, William F.	Bloomington	Owen-Monroe
Howe, Fordyce L.	Fort Wayne	Allen
Howell, Joseph D.	Indianapolis	Marion
Howland, Carl B.	Crawfordsville	Montgomery
Hoyt, Lester H.	Indianapolis	Marion
Hoyt, Millard L.	Indianapolis	Marion
Hrisomalos, Frank N.	Bloomington	Owen-Monroe
Htain, Min	Terre Haute	Vigo
Huang, Tsau-Yuen	Merrillville	Lake
Hubbard, Jesse D.	Indianapolis	Marion
Huber, Carl P. (S)	Indianapolis	Marion
Huber, Richard G.	Bedford	Lawrence
Huckleberry, Irvin E. (S)	Salem	Washington
Hudson, Arlington M.	Connersville	Fayette-Franklin
Huffman, Verlin P.	S. Whitley	Whitley
Hughes, Anson F.	Lafayette	Tippecanoe
Hughes, Richard R.	Lafayette	Tippecanoe
Hughes, William B.	Waterloo	DeKalb
Huggins, Victor S.	Evansville	Vanderburgh
Hull, DeWayne L.	Fort Wayne	Allen
Hull, James E.	Lafayette	Tippecanoe
Hull, Joel I.	Chesterton	Porter
Hull, Ronald H.	Indianapolis	Marion
Hummel, Russel M.	Marion	Grant
Humphrey, Paul E.	Terre Haute	Vigo
Humphreys, Joe E.	Vincennes	Knox
Humphreys, John L. (S)	Bethel Park, Pa.	Allen
Hunsberger, Donald W.	Montpelier	Delaware-Blackford
Hunsberger, Walter G.	Lafayette	Tippecanoe
Hunt, Edgar J. (S)	Terre Haute	Vigo
Hunteman, Roy K.	John's Island, S.C.	Marion
Hunter, Charles A., Jr.	Indianapolis	Marion
Hunter, Dean M.	W. Lafayette	Tippecanoe
Hunter, Donn R.	Greenfield	Hancock

Name	City	County
Huoni, John S. (S)	Jeffersonville	Clark
Hurley, James W.	Elkhart	Elkhart
Hurley, John R.	Daleville	Delaware-Blackford
Hurt, LaVerne B. (S)	Delray Beach, Fla.	Marion
Hurwitz, Robert M.	Indianapolis	Marion
Hurwitz, Roger A.	Indianapolis	Marion
Huse, William M.	Indianapolis	Marion
Hussey, Lawrence K.	Elkhart	Elkhart
Husted, Robert G.	Munster	Lake
Hutson, Richard A.	Indianapolis	Marion
Hyde, Carroll C. (S)	South Bend	St. Joseph
I		
Imhof, Joseph D.	Muncie	Delaware-Blackford
Imperial, Benjamin E.	Dyer	Lake
Ingram, Richard	Montpelier	Delaware-Blackford
Ingwell, Guy B. (S)	Knox	Starke
Inlow, Paul M.	Shelbyville	Shelby
Inlow, Robert P.	Shelbyville	Shelby
Inlow, William D. (S)	Shelbyville	Shelby
Irick, Neil E.	Markle	Wells
Irigoyen, David E.	New Albany	Floyd
Irmscher, George W.	Fort Wayne	Allen
Irmscher, Jane M.	Fort Wayne	Allen
Irvine, William O.	Indianapolis	Marion
Irwin, Gerald P.	Alexandria	Madison
Irwin, Glenn W., Jr.	Indianapolis	Marion
Irwin, R. Stephen	Roachdale	Hendricks
Isch, John H.	Indianapolis	Marion
Isenbarger, Karl	Indianapolis	Marion
Isenogle, Kenneth F.	Fort Wayne	Allen
Iske, Paul G. (S)	Indianapolis	Marion
Isler, Nathaniel C. (S)	Jeffersonville	Clark
Iterman, George E. (S)	New Castle	Henry
Ivy, John H.	Elkhart	Elkhart
J		
Jackson, Dean B.	Angola	Steuben
Jackson, Howard C.	Madison	Jefferson-Switzerland
Jackson, John F.	Fort Wayne	Allen
Jackson, Kathryn A.	Zionsville	Boone
Jackson, Robert F.	Marion	Grant
Jaco, Artemio E.	Liberty	Wayne-Union
Jacobo, Miguel J.	East Chicago	Lake
Jacobs, E. Robert	Columbus	Bartholomew-Brown
Jacobs, Rene M.	Greencastle	Putnam
Jacqmain, Ralph J.	Vincennes	Knox
Jagger, Michael J.	Indianapolis	Marion
Jahns, Albin A.	Merrillville	Porter
James, Carroll F.	Hope	Bartholomew-Brown
James, Charles E.	Indianapolis	Marion
James, Thomas, Jr.	Huntington	Huntington
Janes, R. Grant	Northport, Ala.	Fayette-Franklin
Jani, Natwerlal S.	Indianapolis	Marion
Janicki, Robert S.	N. Chicago, Ill.	Marion
Jankowski, Ernest B.	South Bend	St. Joseph
Jao, Rodalfo L.	Gary	Lake
Jaojoco, Armand E.	Batesville	Ripley
Jarrett, John C.	Marion	Grant
Jarrett, Paul E.	Anderson	Madison
Jastremski, Chester	Bloomington	Owen-Monroe
Jay, Arthur C.	Parker	Delaware-Blackford
Jay, Arthur N.	Nineveh	Marion
Jay, James M.	Indianapolis	Marion
Jean, Thomas A.	Morristown	Shelby
Jeans, Robert F.	Richmond	Wayne-Union
Jehanyar, M. Ali	Monticello	White
Jenkins, John E., Jr.	Indianapolis	Marion
Jenkins, Robert E.	Indianapolis	Marion
Jennings, Frank L. (S)	Greenwood	Marion
Jensen, James W.	Michigan City	LaPorte
Jensen, Robert E.	Fort Wayne	Allen
Jesch, Doris	Marion	Grant
Jesseph, John E.	Indianapolis	Marion
Jett, Clyde W.	Seelyville	Vigo
Jewell, George M.	Kokomo	Howard
Jewett, Joe H.	Indianapolis	Marion
Jimenez, Feliciano	Highland	Lake
Jimenez, Pedro	Jeffersonville	Clark
Jinnings, Loren E. (S)	Auburn	DeKalb
Jobes, James E. (S)	Indianapolis	Marion
Johnloz, David K.	Bloomington	Owen-Monroe
Johns, Nicholas C.	South Bend	St. Joseph
Johnson, A. Cedric, Jr.	Indianapolis	Marion
Johnson, Arnold L.	Gary	Lake
Johnson, Charles J.	Goshen	Elkhart
Johnson, Darryl L.	Kokomo	Howard
Johnson, Earl H.	Indianapolis	Marion
Johnson, Edward M.	Terre Haute	Vigo
Johnson, George M.	Richmond	Wayne-Union
Johnson, Herbert S.	Lafayette	Tippecanoe
Johnson, James B.	Greencastle	Putnam
Johnson, Jerome M.	Jeffersonville	Clark
Johnson, Paul D., Jr.	Terre Haute	Vigo
Johnson, Philip J.	Fort Wayne	Allen
Johnson, Robert D.	Madison	Jefferson-Switzerland
Johnson, Stephen L.	Evansville	Vanderburgh
Johnson, Thomas W.	Indianapolis	Marion
Johnson, Victor	Evansville	Vanderburgh
Johnson, Wallace D.	Bedford	Lawrence
Johnson, William A.	North Vernon	Jackson-Jennings
Johnson, William V.	New Albany	Floyd
Johnston, Richard M.	Fort Wayne	Allen
Johnston, R. L. (S)	Bluffton	Wells
Jolly, Wesley P. (S)	Richland	Spencer
Jones, Allen W.	Indianapolis	Marion
Jones, Charles A.	Franklin	Johnson
Jones, David E.	Indianapolis	Marion
Jones, David G.	Anderson	Madison
Jones, David H.	Charleston	Clark

Name	City	County
Jones, David M.	West Lafayette	Tippecanoe
Jones, Francis P.	Indianapolis	Marion
Jones, Gordon C.	Indianapolis	Marion
Jones, J. Carl	Logansport	Cass
Jones, John D.	Anderson	Madison
Jones, King S. (S)	Michigan City	LaPorte
Jones, Randolph W.	Indianapolis	Marion
Jones, Richard A.	Indianapolis	Marion
Jones, Robert B.	Elkhart	Elkhart
Jones, Thomas M.	Cincinnati	Floyd
Jones, William H.	Martinsville	Morgan
Jontz, Joe G.	Fort Wayne	Allen
Jontz, Jon P.	Indianapolis	Marion
Jontz, Richard L.	Fort Wayne	Allen
Jordan, Leo E.	Lynn	Randolph
Jordan, Richard A.	Corydon	Harrison-Crawford
Joseph, Rex M.	Beech Grove	Marion
Josephson, David A.	Indianapolis	Marion
Joshi, Prakash N.	Marion	Grant
Jowitt, Richard H.	Indianapolis	Marion
Joyner, John E.	Indianapolis	Marion
Judd, Russell L.	Indianapolis	Marion
Judson, Walter E.	Indianapolis	Marion
Juergens, Richard B.	Fort Wayne	Allen
Jurgensen, Walter T.	Fort Wayne	Allen
K		
Kabel, Robert N.	Terre Haute	Vigo
Kachmann, Rudolf	Fort Wayne	Allen
Kaderabek, Donal J.	Bedford	Lawrence
Kahler, Maurice V. (S)	Indianapolis	Marion
Kahn, Alexander J.	Indianapolis	Marion
Kahn, Howard L.	Indianapolis	Marion
Kaiser, James L.	Indianapolis	Marion
Kalb, Everrett L.	Muncie	Delaware-Blackford
Kalker, Morton	Muncie	Delaware-Blackford
Kalsbeck, John E.	Indianapolis	Marion
Kamen, Jack M.	Gary	Lake
Kammen, Leo	Indianapolis	Marion
Kammer, Grace C.	Muncie	Delaware-Blackford
Kammeyer, Wm. A.	Fort Wayne	Allen
Kandul, Thomas S., Jr.	Evansville	Vanderburgh
Kantzer, Floyd B. (S)	Albuquerque, N. Mexico	De Kalb
Karberg, Richard J.	Lafayette	Tippecanoe
Karn, John W.	South Bend	St. Joseph
Karnafel, Eugene T.	Logansport	Cass
Karol, Herbert J.	Fort Wayne	Allen
Karsell, William A.	Indianapolis	Marion
Kasting, Gerald E.	Bedford	Lawrence
Katterjohn, James C.	Beech Grove	Marion
Kauffman, Harley M. (S)	Evansville	Vanderburgh
Kaufman, Alan J.	Hammond	Lake
Kaufman, Julian R.	Fort Wayne	Allen
Kay, John B.	Huntington	Huntington
Kay, Oran E. (S)	Spencer	Owen-Monroe
Keating, John U.	Indianapolis	Marion
Kebel, Arthur P.	Indianapolis	Marion
Keck, Carleton Allen	Fort Wayne	Allen
Keeling, Forrest E. (S)	Portland	Jay
Keenan, George B.	Indianapolis	Marion
Keenan, Patrick J.	South Bend	St. Joseph
Keffer, Harry L.	Terre Haute	Vigo
Kellar, Philip E.	Hobart	Lake
Keller, Anthony S.	Vincennes	Knox
Kelley, Jack L.	Lafayette	Tippecanoe
Kelsey, Robert M., Jr.	La Porte	La Porte
Kelly, George G.	Munster	Lake
Kelly, John B.	Evansville	Vanderburgh
Kemker, Bernard	Jasper	Dubois
Kemp, John T.	Michigan City	La Porte
Kemp, W. Alfred	Bourbon	Marshall
Kempf, Gerald F. (S)	Spring Valley Ohio	Parke-Vermillion
Kempler, Norman A.	Fort Wayne	Allen
Kendall, Forest M.	Nappanee	Elkhart
Kendall, William R.	Carmel	Marion
Kendrick, Frank J. (S)	Goshen	Lake
Kendrick, William M.	Mooresville	Morgan
Kennedy, Hunter F.	Indianapolis	Marion
Kennedy, Joseph T.	Indianapolis	Marion
Kennedy, Myron S.	Goshen	Elkhart
Kenney, David B.	Indianapolis	Marion
Kenney, Francis D.	Munster	Lake
Kent, Richard N.	Fort Wayne	Allen
Kenyon, C. Emil (S)	Cambridge City	Wayne-Union
Keough, Thomas F.	Warsaw	Kosciusko
Kephart, S. Bruce	Bluffton	Wells
Kepler, R. W.	LaPorte	La Porte
Keplinger, James E.	Lafayette	Tippecanoe
Kepner, Robert S.	Anderson	Madison
Kerlin, Joseph C.	Danville	Hendricks
Kern, Clarence G.	Lebanon	Boone
Kerner, Donald J.	Beech Grove	Marion
Kerr, Charlotte H.	Michigan City	La Porte
Kerr, Donald M.	Bedford	Lawrence
Kerr, John E.	Michigan City	La Porte
Kerrigan, John F.	Michigan City	La Porte
Kerrigan, Robert L. (S)	Michigan City	La Porte
Kerrigan, William F.	Connersville	Fayette-Franklin
Kershner, Charles R.	Marion	Grant
Kesim, Mufit H.	Elkhart	Elkhart
Kessler, Robert B.	Evansville	Vanderburgh
Keyes, Robert C.	Fort Wayne	Allen
Khalouf, Herbert C.	Marion	Grant
Khalouf, Shirley T.	Marion	Grant
Kho, Eusebio	Scottsburg	Scott
Kidder, Orva Thurl (S)	Fort Wayne	Allen
Kiechle, Frederick L.	Evansville	Vanderburgh
Kilgore, Byron W.	Ft. Wayne	Allen
Kilmer, Warren L.	Portage	Porter
Kim, Bum Joo	South Bend	St. Joseph

Name	City	County
Kim, C. B.	Columbus	Bartholomew-Brown
Kim, I. H.	Warsaw	Kosciusko
Kim, Joon S.	La Porte	La Porte
Kim, Kil Chol	Indianapolis	Marion
Kim, Sung Soo	Fort Wayne	Allen
Kim, Young D. (S)	Seattle, Wash.	Marion
Kimbrough, Robert F.	Fort Wayne	Allen
Kimmel, George E.	Evansville	Vanderburgh
Kimmel, Louis E., Jr.	Valparaiso	Porter
Kinasiewicz, Leon E.	Crown Point	Lake
Kincaid, Raymond K.	Tipton	Tipton
Kincaid, Robert S.	Evansville	Vanderburgh
Kindell, H. D. (S)	New Richmond	Montgomery
King, Charles R.	Anderson	Madison
King, Frank K.	Kokomo	Howard
King, Harold	Indianapolis	Marion
King, Joseph P.	Indianapolis	Marion
King, Leroy H.	Indianapolis	Marion
King, Nina C.	Indianapolis	Marion
King, John Thomas	Gary	Lake
King, Joseph P.	Indianapolis	Marion
King, Robert D.	Indianapolis	Marion
King, Robert P.	South Bend	St. Joseph
King, Robert W.	Cedar Lake	Lake
Kingma, Roy E.	DeMotte	Porter
Kingsbury, David H.	Indianapolis	Marion
KinKade, Paul T.	New Castle	Henry
Kinneman, Robert E.	Greenfield	Hancock
Kinnett, J. Gregory	Indianapolis	Marion
Kinzer, LeRoy D.	Markle	Wells
Kintner, Burton E.	Elkhart	Elkhart
Kirby, Ted C.	Greenfield	Hancock
Kirkhoff, Paul J.	Indianapolis	Marion
Kirshmann, F. E. (S)	Muncie	Delaware-Blackford
Kirtley, James M.	Crawfordsville	Montgomery
Kirtley, Robert W.	Danville	Hendricks
Kirtley, William R.	Indianapolis	Marion
Kissel, Wesley A.	Indinapolis	Marion
Kissinger, Knight L.	Angola	Steuben
Kitt, Walter	Munster	Lake
Klain, Benjamin V.	Indianapolis	Marion
Klamer, Charles H.	Jasper	Dubois
Klassen, Otto D.	Elkhart	Elkhart
Klatch, Ben Z.	Lafayette	Tippecanoe
Kleifgen, William A.	Fort Wayne	Allen
Klein, John C.	Indianapolis	Marion
Kleindorfer, R. L. (S)	Evansville	Vanderburgh
Kleit, Stuart A.	Indianapolis	Marion
Kleopfer, Ronald G.	Fort Wayne	Allen
Klepfer, Jefferson F.	Richmond	Wayne-Union
Klepinger, H. E. (S)	Lafayette	Tippecanoe
Klooze, Kenneth W.	Fort Wayne	Allen
Klutinoty, George II	Carmel	Marion
Kmak, Chester J.	Merrillville	Lake
Knight, E. Larry	Elkhart	Elkhart
Knight, Lewis W.	Fort Wayne	Allen
Knode, Kenneth T. (S)	South Bend	St. Joseph
Knote, John A.	Lafayette	Tippecanoe
Knotts, Slater	Seymour	Jackson-Jennings
Ko, Richard C. B.	Gaston	Delaware-Blackford
Kobak, Alfred J., Jr.	Valparaiso	Porter
Kobrin, Meyer W.	Gary	Lake
Koch, Edwin F., Jr.	Muncie	Delaware-Blackford
Koch, Elmer L.	Danville	Hendricks
Koch, Howard W.	Winchester	Randolph
Koenig, Robert L.	Valparaiso	Porter
Kohlstaedt, Karl C.	Indianapolis	Marion
Kohlstaedt, Kenneth G.	Indianapolis	Marion
Kohne, Robert W.	Lafayette	Tippecanoe
Kolanko, Leon A.	Hammond	Lake
Kolettis, John G.	Merrillville	Lake
Kooiker, John E.	Indianapolis	Marion
Koons, Karl M., Jr.	Indianapolis	Marion
Koontz, James A.	Vincennes	Marion
Koontz, William A.	Gas City	Grant
Kopcha, Joseph E.	Gary	Lake
Kopecky, Robert R.	Indianapolis	Marion
Kopp, William R.	Anderson	Madison
Koransky, David S.	Hammond	Lake
Korn, Jerome M.	Gary	Lake
Kornafel, L. H.	Indianapolis	Marion
Koss, K. William	Muncie	Delaware-Blackford
Kott, Alexander	Munster	Lake
Kourany, Edgar	Mooresville	Morgan
Kourany, Oscar	Mooresville	Morgan
Krabill, Willard S.	Goshen	Elkhart
Kraft, Bennett (S)	Indianapolis	Marion
Kraning, Kenneth K.	Kewanna	Fulton
Krause, Frederick	Elkhart	Elkhart
Kreitl, Dorothy R.	Richmond	Wayne-Union
Kremers, George A.	Kokomo	Howard
Kresge, Charles L.	Yorktown	Delaware-Blackford
Kresler, Leon E.	Kentland	Newton
Kress, James W.	Muncie	Delaware-Blackford
Krieble, William W.	Terre Haute	Vigo
Kriel, William B.	Indianapolis	Marion
Krizman, David J.	South Bend	St. Joseph
Kroczek, Stephen E.	Michigan City	LaPorte
Krsek, Archie J.	Hobart	Lake
Krueger, Barbara J.	Huntington	Huntington
Krueger, John E.	Fort Wayne	Allen
Krueger, John E.	South Bend	St. Joseph
Krueger, Robert B.	Columbus	Bartholomew-Brown
Krueger, Thomas P.	Evansville	Vanderburgh
Kruse, Walter E. (S)	Fort Wayne	Allen
Kryszek, Stanley H.	Indianapolis	Marion
Ku, Marshall	Valparaiso	Porter
Kubik, Francis J.	Michigan City	LaPorte
Kubley, James D.	Plymouth	Marshall
Kudele, Louis T.	Whiting	Lake
Kuhn, Arthur J.	Munster	Lake
Kuhn, Frederick L.	South Bend	St. Joseph
Kuhn, Robert W.	Wilkinson	Hancock
Kuipers, Fred M	Lafayette	Tippecanoe

Name	City	County
Kunkler, Arnold W.	Terre Haute	Vigo
Kunkler, William C. (S)	Terre Haute	Vigo
Kuntz, Herman W. (S)	Indianapolis	Marion
Kurlander, Gerald J.	Indianapolis	Marion
Kurtz, Fred B. (S)	Indianapolis	Marion
Kurtz, Philip L.	Indianapolis	Marion
Kurtz, Richard	Indianapolis	Marion
Kurtz, William A.	Tipton	Tipton
Kwitny, Isadore J. (S)	Indianapolis	Marion
L		
Labitan, Cesar C.	East Chicago	Lake
Lacera, Donaldo	Hammond	Lake
Ladig, Donald S.	Fort Wayne	Allen
LaDine, Clarence B.	Indianapolis	Marion
LaFollette, Donald R.	New Albany	Floyd
LaFollette, Forrest R.	Hammond	Lake
LaFollette, James W.	Bloomington	Owen-Monroe
LaFollette, Robert E.	New Albany	Floyd
Lahr, Richard E.	Marion	Grant
Lai, Edward Ming-Chi	Terre Haute	Vigo
Laker, Gene C.	Fort Wayne	Allen
Laker, Richard J.	Fort Wayne	Allen
Lamb, Emmett B. (S)	Indianapolis	Marion
Lamb, Fred K.	Elkhart	Elkhart
Lamb, J. Leonard	South Bend	St. Joseph
Lamb, Russell W.	Indianapolis	Marion
Lamber, Chet K.	Indianapolis	Marion
Lambert Dennis M.	Lake Bluff, Ill.	Marion
Lambert, Destry W.	Tipton	Tipton
Lamkin, E. Henry, Jr.	Indianapolis	Marion
Lampe, Elfred H.	Fort Wayne	Allen
Lancet, Robert O.	Terre Haute	Vigo
Land, Richard N.	Anderson	Madison
Lands, Robert M.	Valparaiso	Porter
Landis, Charles B.	Lafayette	Tippecanoe
Landon, David J.	Bloomington	Owen-Monroe
Landwehr, Alfons	Indianapolis	Marion
Lane, C. Elaine	Indianapolis	Marion
Lane, William H.	South Bend	St. Joseph
Lang, Jay W.	Indianapolis	Marion
Lanman, John U.	Munster	Lake
Lanning, R. Adrian	Noblesville	Hamilton
Lardizabal, Jose M.	Bloomfield	Greene
Largaespada, Manuel	Indianapolis	Marion
Larmore, Joseph L.	Anderson	Madison
Larrabee, James F.	Munster	Lake
Larson, Arthur N.	Huntington	Huntington
LaSalle, Richard M.	Wabash	Wabash
LaSalle, Robert M., Sr. (S)	Wabash	Wabash
LaSalle, William B.	Fort Wayne	Allen
Lasich, Anthony R.	Indianapolis	Marion
Laubscher, Clarence	Evansville	Vanderburgh
Laudeman, Walter A.	Elwood	Madison
Lautz, Herbert A.	Munster	Lake
Lautzenheiser, Richard L.	Indianapolis	Marion
Lavengood, Russell W. (S)	Marion	Grant
Lawler, George F. (S)	Long Beach, Miss.	Marion
Lawler, John F.	Evansville	Vanderburgh
Lawrence, James M.	Indianapolis	Marion
Lawrence, Joseph C.	Evansville	Vanderburgh
Lawson, Allan J.	Indianapolis	Marion
Lawson, Lawrence J.	Muncie	Delaware-Blackford
Laycock, Richard M.	Fort Wayne	Allen
Leahy, Howard J. (S)	Pendleton	Madison
Leahy, Jerome M.	Union City	Randolph
Leak, Robert H.	Boswell	Benton
Leatherman, Harter L. (S)	Indianapolis	Marion
Lebioda, Henry S.	Gary	Lake
Lee, Domingo K.	Indianapolis	Marion
Lee, Glen Ward	Richmond	Wayne-Union
Lee, Hyung Soo T.	Decatur	Adams
Lee, James	Terre Haute	Vigo
Lee, John M. (S)	Rushville	Rush
Lee, John W.	Fort Wayne	Allen
Lee, Robert Y.	Valparaiso	Porter
Leedy, Donald K.	Indianapolis	Marion
Leffel, James M.	Indianapolis	Marion
Leffler, William T.	Indianapolis	Marion
Lehman, Evan L.	Indianapolis	Marion
Lehman, Kenneth M.	Topeka	LaGrange
Lehmann, Dale E. Jr.	Evansville	Vanderburgh
Lehmberg, Otto F. C. (S)	Columbia City	Whitley
Leibundguth, Henry	Evansville	Vanderburgh
Leinbach, Earl R.	Hamlet	Starke
Leman, Eugene	Merrillville	Lake
Leiphart, Charles	Muncie	Delaware-Blackford
Leipold, Jon David	South Bend	St. Joseph
Leming, Ben L.	Fort Wayne	Allen
Lempke, Lloyd W.	Lafayette	Tippecanoe
Lenk, George G.	Fort Wayne	Allen
Lenox, Jack	Lebanon	Boone
Lenyo, Ludimere	Terre Haute	Vigo
Leon, Mario	Jasper	Dubois
Leonard, Dale F.	Hagerstown	Wayne-Union
Leser, Ralph U.	Indianapolis	Marion
Lessure, Alfred P.	Evansville	Vanderburgh
Lett, Emory B.	Loogootee	Daviess-Martin
Lett, James C.	Greencastle	Putnam
Levatin, Bernard I.	South Bend	St. Joseph
Levi, Leon	Indianapolis	Marion
Levin, Harvey J.	Hammond	Lake
Lewis, Earl	Indianapolis	Marion
Lewallen, Steven I.	South Bend	St. Joseph
Lewis, George N.	Bloomington	Owen-Monroe
Lewis, James R.	Richmond	Wayne-Union
Lewis, Lucien A.	Gary	Lake
Lewis, Paul S.	Indianapolis	Marion
Lewis, Rose Hilda	Hammond	Lake
Lewis, Wm. R.	Gary	Lake
Ley, Glen D.	Bloomington	Owen-Monroe

Name	City	County
Libbert, E. L. (S)	Columbus	Bartholomew-Brown
Libunao, Artemio S.	Versailles	Ripley
Lichtenberg, Melvin	Indianapolis	Marion
Liddell, Charles K.	Michigan City	La Porte
Lidikay, Edward C.	Indianapolis	Marion
Liebschutz, Norman H.	Indianapolis	Marion
Life, Homer L.	Sarasota, Fla.	Henry
Lilagan, Florentino R.	Olympia Fields, Ill.	Lake
Lin, Shou G.	Merrillville	Lake
Lin, Y. C.	Warsaw	Kosciusko
Lind, Jaap J.	Lafayette	Tippecanoe
Lind, John D.	Anderson	Madison
Lindauer, David H.	Princeton	Gibson
Lindenborg, Paul G.	Indianapolis	Marion
Lindgren, Ivan T.	Aurora	Dearborn Ohio
Lindsay, Hamlin B.	Washington	Daviess-Martin
Lindseth, Richard E.	Indianapolis	Marion
Ling, John F.	Richmond	Wayne-Union
Linge, Carl H.	Evansville	Vanderburgh
Lingeman, Raleigh E.	Indianapolis	Marion
Link, Charles W., Jr.	Greenwood	Johnson
Link, Goethe (S)	Brooklyn	Marion
Link, William C.	Bloomington	Owen-Monroe
Linson, John C.	Seymour	Jackson-Jennings
Lionberger, John R.	South Bend	St. Joseph
Lipsey, Alfred J.	Dyer	Lake
Liss, Emanuel C.	South Bend	St. Joseph
Littell, Andrew H.	Evansville	Vanderburgh
Littlefield, Paul A.	Indianapolis	Marion
Littlefield, Shirley D.	Indianapolis	Marion
Litzenberger, Sam W. (S)	Tequesta, Fla.	Madison
Livingston, Peter H.	Bedford	Lawrence
Lloyd, Joe R.	Noblesville	Hamilton
Lloyd, Robert P.	Fort Wayne	Allen
Lo, Loretta S. Y.	Terre Haute	Vigo
Locke, Robert A.	APO New York, N.Y.	Marion
Lockhart, Jack M.	Connersville	Fayette-Franklin
Lockhart, Philip B.	South Bend	St. Joseph
Lodde, Marvin B.	Kokomo	Howard
Loewenstein, Werner L.	Terre Haute	Vigo
Logan, James Z.	Richmond	Wayne-Union
Logan, Patrick C.	Indianapolis	Marion
Logan, Richard S.	Fort Wayne	Allen
Lohman, Robert M.	Fort Wayne	Allen
Lohmuller, Herbert W.	Bluffton	Wells
Lohoff, Lewis C.	Tell City	Perry
Loh, Hwei-Ya (Chang)	Gary	Lake
Loh, Wei-Ping	Gary	Lake
Lona, Marco A.	East Chicago	Lake
Long, Malcolm D.	Indianapolis	Hendricks
Long, Max R.	Marion	Grant
Long, Paul L. (S)	Anderson	Madison
Longacher, Joseph W.	Bluffton	Wells
Longshore, Robert E.	Kokomo	Howard
Longstaff, John P.	Evansville	Vanderburgh
Loomis, Charles H.	Richmond	Wayne-Union
Loomis, Norman S. (S)	Indianapolis	Marion
Loop, Frederick A.	Lafayette	Tippecanoe
Lopez, Alfonso	Portland	Jay
Lopez, Filemon P.	Dyer	Lake
Lopez, Efrem R.	Vincennes	Knox
Lopez, Santiago A.	Gary	Lake
Lorber, James M.	Shelbyville	Shelby
Lord, Glenn C.	Indianapolis	Marion
Lord, Thomas J.	Indianapolis	Marion
Lorenty, Thaddeus B.	Gary	Lake
Lo Sasso, Alvin M.	Indianapolis	Marion
Louck, Michael	Rensselaer	Jasper
Louden, Robert W.	Indianapolis	Marion
Love, George N.	Indianapolis	Marion
Love, John W.	Madison	Jefferson-Switzerland
Love, Vincent L.	Fort Wayne	Allen
Lovell, Martin H. (S)	Gary	Lake
Lovett, Harvey D.	Zionsville	Boone
Loving, Jury B.	New Goshen	Vigo
Lowe, Daniel K.	Indianapolis	Marion
Lowe, John C.	Indianapolis	Marion
Lozow, David	Indianapolis	Marion
Lucas, Clarence A., Jr.	Indianapolis	Marion
Lucas, Owen H., Jr.	Portage	Porter
Luce, John W.	Michigan City	LaPorte
Luckey, James E.	Fort Wayne	Allen
Ludwig, Paul E.	Crawfordsville	Montgomery
Luginbill, Howard M.	Indianapolis	Marion
Lukemeyer, George T.	Indianapolis	Marion
Lukemeyer, St. John (S)	Jasper	Dubois
Luna, Manuel R.	Munster	Lake
Lundblad, Wilfred M.	Bloomington	Owen-Monroe
Lundeberg, Ralph A.	Griffith	Lake
Lundt, Milo O. (S)	Elkhart	Elkhart
Lunsford, Thomas E.	Indianapolis	Marion
Luros, J. Theodore	Indianapolis	Marion
Luther, William C.	Elkhart	Elkhart
Luther, Ross D.	Terre Haute	Vigo
Lutz, Andreas L.	Highland	Lake
Lutz, Georgianna (S)	Gary	Lake
Luzadder, John E., Jr.	Michigan City	St. Joseph
Luzietti, Richard G.	Bluffton	Wells
Ly, Lily Ann	Portland	Jay
Lybrook, William B.	Indianapolis	Marion
Lynch, Harold D. (S)	Evansville	Vanderburgh
Lynn, Gene E.	Indianapolis	Marion
Lyon, William C.	Fort Wayne	Allen
Lyons, Charles R., Jr.	Wabash	Wabash
Lyster, Richard F.	Fort Wayne	Allen
Lytwakiwsky, Anatol	Gary	Lake
M		
MacDonell, Eldred H.	South Bend	St. Joseph
MacDougall, John D.	Indianapolis	Marion
MacKenzie, Veronica	Indianapolis	Marion
MacLeod, D. F.	Crown Point	Lake
MacLeod, John K.	South Bend	St. Joseph
MacWilliams, Robert H.	Indianapolis	Marion

Name	City	County
McAdams, Hugh B.	W. Lafayette	Tippecanoe
McAdams, Robert	Lafayette	Tippecanoe
McAfee, George J.	Indianapolis	Allen
McArdle, Michael L.	Fort Wayne	Allen
McAree, Francis E., Jr.	Indianapolis	Marion
McArt, Bruce A.	Elkhart	Elkhart
McAtee, Ott B.	Madison	Jefferson-Switzerland
McBride, Noel S.	Terre Haute	Vigo
McBride, Robert E.	Michigan City	La Porte
McBride, J. Wm.	Valparaiso	Porter
McCalla, Charles X.	Paoli	Orange
McCallister, John W.	Fort Wayne	Allen
McCallister, Larry L.	Muncie	Delaware-Blackford
McCallum, Donald C.	Indianapolis	Marion
McCallum, James J.	Indianapolis	Marion
McCallum, Robert N.	Indianapolis	Marion
McCarthy, Joseph C.	Newburgh	Vanderburgh
McCarthy, Leo J.	Indianapolis	Marion
McCartney, Donald H.	Beech Grove	Marion
McCarty, Virgil (S)	Princeton	Gibson
McCaslin, Dan L.	Fort Wayne	Allen
McClain, Edwin S.	Indianapolis	Marion
McClain, Marvin L.	Scottsburg	Scott
McClary, Charles W.	Bloomington	Owen-Monroe
McClintock, James A.	Muncie	Delaware-Blackford
McCloud, L. C.	Jeffersonville	Clark
McClure, Glen E.	Sullivan	Sullivan
McClure, Stanley E. (S)	Monticello	White
McClure, Warren N.	Kokomo	Howard
McConnell, Thomas L.	Muncie	Delaware Blackford
McConnell, William C.	Sunman	Ripley
McCool, Joseph H.	Evansville	Vanderburgh
McCord, George Elliott	Indianapolis	Marion
McCormick, Charles O., Jr.	Indianapolis	Marion
McCoy, Melvin H.	Evansville	Vanderburgh
McCoy, Roy R.	Fort Wayne	Allen
McCraley, William J.	South Bend	St. Joseph
McCrea, Fred R.	Terre Haute	Vigo
McCullough, Henry G.	Columbus	Bartholomew-Brown
McCullough, James Y.	New Albany	Floyd
McCurdy, Robert W.	Anderson	Madison
McDaniel, Edwin C.	Indianapolis	Marion
McDonald, Frank C.	New Castle	Henry
McDonald, Joseph D.	Evansville	Vanderburgh
McDonald, Virgil G. (S)	Anderson	Madison
McDonald, Walter E.	Gary	Lake
McDougal, Bud H.	Indianapolis	Marion
McDougal, Robert A.	Indianapolis	Marion
McDowell, Fletcher W.	Muncie	Delaware-Blackford
McDowell, George A.	Fort Wayne	Allen
McDowell, Mordecai M.	Vincennes	Knox
McEachern, Cecil G.	Fort Wayne	Allen
McElroy, James S.	New Castle	Henry
McElroy, James T.	Indianapolis	Marion
McElroy, Robert J.	Evansville	Vanderburgh
McElroy, Robert S.	Princeton	Gibson
McEwen, David A.	Lafayette	Tippecanoe
McEwen, James W.	Terre Haute	Vigo
McFadden, James M.	Lafayette	Tippecanoe
McFadden, Wilbur D.	North Manchester	Wabash
McFarland, Corley B.	South Bend	St. Joseph
McGill, Joel L.	Brownstown	Jackson-Jennings
McGrath, Michael F.	Indianapolis	Marion
McGue, Frank J.	Terre Haute	Vigo
McIlroy, Richard J.	Richmond	Wayne-Union
McIndoo, Ralph E. (S)	Kokomo	Howard
McInerney, Gerald T.	Michigan City	LaPorte
McIntire, Clarence R.	Bloomington	Owen-Monroe
McIntosh, Wilbert	Riley	Vigo
McIntyre, James M.	Indianapolis	Marion
McKechnie, Robert K.	Jeffersonville	Clark
McKee, Harry G.	Rushville	Rush
McKee, Roy G.	New Castle	Henry
McKeen, Charles L.	Bloomington	Owen-Monroe
McKinley, A. David	Indianapolis	Marion
McKinley, Joseph	Lafayette	Tippecanoe
McKinney, Donald L.	Otterbein	Benton
McKittrick, Jack	Washington	Daviess-Martin
McLaren, Daniel E.	Indianapolis	Marion
McLaughlin, Gordon C.	Terre Haute	Vigo
McLaughlin, James R. (S)	Macomb, Ill.	Huntington
McMahan, Virgil C.	Vincennes	Knox
McMeel, James E.	South Bend	St. Joseph
McNabb, Richard C.	Indianapolis	Rush
McNaughton, Lawrence	Washington	Daviess-Martin
McNeely, Matthew J. (S)	Dillsboro	Dearborn-Ohio
McNeil, Kenneth W.	Terre Haute	Vigo
McNutt, Cyrus C.	Indianapolis	Marion
McParland, Clifton E.	Bluffton	Wells
McPherson, Richard C.	Lafayette	Tippecanoe
McPike, Joseph D.	Carmel	Marion
McQuiston, Ralph J.	Indianapolis	Marion
McVay, Richard S.	Muncie	Delaware-Blackford
McWilliams, William B. (S)	Liberty	Wayne-Union
Mabel, Thomas A.	Indianapolis	Marion
Macatangay, Edelino L.	Ellettsville	Owen-Monroe
Machledt, John H.	Greenwood	Johnson
Mackel, Frederick O.	Fort Wayne	Allen
Mackey, John E.	Indianapolis	Marion
Macri, Paul A.	Mishawaka	St. Joseph
Macy, George W.	Columbus	Bartholomew-Brown
Madarang, Napoleon	Hammond	Lake
Madlang, Rodolfo M.	Munster	Lake
Madden, Robert J.	Indianapolis	Marion
Mader, John H.	Richmond	Wayne-Union

Name	City	County
Mader, Jon	Galveston, Texas	Wayne-Union
Madrilejo, Nora G.	Gary	Lake
Madrilejo, Roberto B.	Valparaiso	Lake
Madtson, A. Ricks	Indianapolis	Marion
Maglinte, Dean Daniel	Indianapolis	Marion
Magnuson, Charles W.	South Bend	St. Joseph
Mahank, Camiel C.	Mishawaka	St. Joseph
Makovsky, Theodore	Valparaiso	Porter
Malachowski, Robert M.	Indianapolis	Marion
Maldia, Godofredo	Fort Wayne	Allen
Malik, Muhammadiqbal	Indianapolis	Marion
Malone, Leander A. (S)	Terre Haute	Vigo
Malott, Fred R.	Converse	Grant
Malouf, Stephen D. (S)	Bloomington, Ill.	Miami
Mamaril, Blas F.	Logansport	Cass
Mammen, Harold W.	Indianapolis	Marion
Manalo, F. S.	Marion	Grant
Mandel, Darrel S.	Beech Grove	Marion
Mandelbaum, Isidore	Indianapolis	Marion
Manders, Karl L.	Indianapolis	Marion
Mangahas, Jovencio P.	Hammond	Lake
Mangahas, Violeta R.	East Chicago	Lake
Manhart, Doyle B.	Sheridan	Hamilton
Manifold, Harold M.	Bloomington	Owen-Monroe
Manion, Marlow W. (S)	Indianapolis	Marion
Mankin, William J.	Terre Haute	Vigo
Manley, Floyd	Hammond	Lake
Mann, Mortimer	Indianapolis	Marion
Mann, Richard E.	Fort Wayne	Allen
Manning, George C.	Fort Wayne	Allen
Manning, George W.	Evansville	Vanderburgh
Manning, K. Randolph	Indianapolis	Marion
Mannion, Rodney A.	La Porte	La Porte
Manship, C. Stanley	Hardinsburg	Washington
Mansueto, Mario D.	Munster	Lake
Manzanares, Austacio F.	Terre Haute	Vigo
Manzano, Edmundo	Gary	Lake
Manzie, Michael W.	Indianapolis	Marion
Marchand, Edwin V. (S)	Evansville	Gibson
Marcus, Morris C. (S)	Gary	Lake
Marhenke, Jon D.	Indianapolis	Marion
Mark, George A.	Elkhart	Elkhart
Marks, Howard H.	Huntington	Huntington
Marks, John S., Jr.	Indianapolis	Marion
Marks, Ora L.	East Chicago	Lake
Marks, Salvo P.	Hammond	Lake
Maroc, James A.	Munster	Lake
Marquinez, Adoracion	Hammond	Lake
Marquis, Gordon	South Bend	St. Joseph
Marr, Griffith	Columbus	Bartholomew-Brown
Marrese, R. Anthony	Evansville	Vanderburgh
Marsh, Carl M.	Indianapolis	Marion
Marsh, George W.	Lafayette	Tippecanoe
Marshall, Wilbur J.	Munster	Lake
Marske, Robert L.	Michigan City	La Porte
Martin, Allen S.	Shipshewana	LaGrange
Martin, Charles F., Jr.	South Bend	St. Joseph
Martin, Donald L.	Salem	Washington
Martin, Freeman	Indianapolis	Marion
Martin, Loren H.	Indianapolis	Marion
Martin, Noel J.	Boonville	Warrick
Martin, Paul H.	Elkhart	Elkhart
Martin, Samuel W.	Corydon	Harrison-Crawford
Martino, Robert S.	Gary	Lake
Martinov, William E.	South Bend	St. Joseph
Martinez, Guillermo	Aurora	Dearborn-Ohio
Martirez, N.A.	East Chicago	Lake
Martz, Bill L.	Overland Park, Kan.	Marion
Martz, Carl D.	Indianapolis	Marion
Marvel, Howard R.	Lafayette	Tippecanoe
Marvel, James A.	Evansville	Vanderburgh
Marvel, Robert J.	Greencastle	Putnam
Masbaum, Ned P.	Indianapolis	Marion
Maschmeyer, Robert H.	Logansport	Cass
Mason, Bernard A.	South Bend	St. Joseph
Mason, Donald G.	Angola	Steuben
Mason, Earl	Gary	Lake
Mason, Everett E.	Evansville	Vanderburgh
Mason, John C.	Munster	Lake
Mason, Lester M.	Terre Haute	Vigo
Mason, Richard L.	Hammond	Lake
Massanari, Walter S.	Goshen	Elkhart
Masser, Frances J.	Jeffersonville	Clark
Masters, John M. (S)	Indianapolis	Marion
Mastrangelo, M. J.	Fort Wayne	Allen
Mather, Charles R.	Lafayette	Tippecanoe
Mather, Glenn B.	Bloomington	Owen-Monroe
Mather, J. Winford (S)	East Gary	Lake
Mather, Robert L.	Lafayette	Tippecanoe
Mathews, Frank	Lafayette	Tippecanoe
Mathews, James R.	Evansville	Vanderburgh
Mathewson, Russell C.	Muncie	Delaware-Blackford
Matibag, Victor P.	Jeffersonville	Clark
Matlock, Carl K.	Shirley	Hancock
Matthew, John R.	Knox	Starke
Matthew, W. Burleigh	Indianapolis	Marion
Matthew, W. H.	Fort Benning, Ga.	Marion
Matthews, Bernard J. (S)	Indianapolis	Marion
Matthews, Leland R.	Bloomington	Owen-Monroe
Matthews, William M.	Indianapolis	Marion
Mattox, Dean L.	LaGrange	Steuben
Mattox, Don M.	Terre Haute	Vigo
Matzen, Richard N.	Bluffton	Wells
Maurer, J. Frank (S)	Brazil	Clay
Maurer, Robert M.	Brazil	Clay
Maurer, Wm. R. Jr.	East Chicago	Lake
Mauzy, Merritt C.	South Bend	St. Joseph
Maxam, B. T.	Indianapolis	Marion
Maxson, Roy V.	Indianapolis	Marion
May, A. J.	New Castle	Henry

Name	City	County
May, R. Milton (S)	Laconia	Harrison-Crawford
Mayhue, H. Wayne	Jeffersonville	Clark
Mayock, Peter P.	Bluffton	Wells
Mayrose, Richard	Terre Haute	Vigo
Mazdai, Abouzarjoemehr	Connersville	Fayette-Franklin
Mead, Frank E. (S)	La Porte	La Porte
Meade, Donna J.	Indianapolis	Marion
Mealey, John, Jr.	Indianapolis	Marion
Medina, Angelina V.	Munster	Lake
Medina, Herbert M.	Hammond	Lake
Megenhardt, Dennis S.	Indianapolis	Marion
Megremis, Theodore L.	Bloomington	Owen-Monroe
Mehne, Richard G.	Brazil	Clay
Meier, Donald W.	Bluffton	Wells
Meiser, Robert D. (S)	Sun City, Ariz.	Huntington
Meissel, Robert L.	Terre Haute	Vigo
Melin, John R.	Indianapolis	Marion
Mellinger, Michael O.	LaGrange	LaGrange
Mendelson, Stanley M.	Kokomo	Howard
Mendoza, Felicisimo S.	Cambridge City	Fayette-Franklin
Menke, Wilbur J.	Terre Haute	Vigo
Mensch, James R.	Fort Wayne	Allen
Mentendiek, Maurice H.	Indianapolis	Marion
Mentendiek, Mary Ann	Indianapolis	Marion
Mentzer, William G.	Lafayette	Tippecanoe
Mercado, Zenaida	Indianapolis	Marion
Mercer, Samuel R. (S)	Fort Wayne	Allen
Mercho, Jean P.	Indianapolis	Marion
Mericle, Earl W. (S)	Indianapolis	Marion
Merkle, George W.	Bluffton	Wells
Mernitz, Roland B., Jr.	Wabash	Wabash
Merritt, A. Donald	Indianapolis	Marion
Mershon, Jack B.	Indianapolis	Marion
Mertz, John H. O.	Indianapolis	Marion
Messer, Frank W. (S)	Kendallville	Noble
Metcalfe, Grant E.	South Bend	St. Joseph
Meyer, Claude J.	Jeffersonville	Clark
Meyer, Herman A.	Fort Wayne	Allen
Meyer, Theodore O.	Fort Wayne	Allen
Meyers, Mark	Fairborn, Ohio	Vanderburgh
Meyers, William L.	Syracuse	Elkhart
Michael, Amos	Indianapolis	Marion
Michael, Isaac E.	Indianapolis	Marion
Michael, Robert L.	Kokomo	Howard
Michaelis, Stephen C.	Fort Wayne	Allen
Middleton, Harvey N. (S)	Indianapolis	Marion
Middleton, Ramona J.	Elkhart	Elkhart
Middleton, Thomas O.	Bloomington	Owen-Monroe
Miethke, Richard P.	Kokomo	Howard
Miklozek, John E.	Terre Haute	Vigo
Milan, Joseph F.	Bloomington	Owen-Monroe
Milan, Shijachki D. (S)	East Chicago	Lake
Millan, J. L.	Jeffersonville	Clark
Miller, Albert J.	Lafayette	Tippecanoe
Miller, Charles L.	Vincennes	Knox
Miller, Dan T. (S)	Fowler	Benton
Miller, Don E.	Fort Wayne	Allen
Miller, Donald C.	Cedar Lake	Lake
Miller, Edward D.	Fort Wayne	Allen
Miller, Frank H.	Indianapolis	Marion
Miller, Galen R.	Elkhart	Elkhart
Miller, Gerald L.	Markle	Wells
Miller, H. Allison (S)	Marion	Grant
Miller, Harold E.	Seymour	Jackson-Jennings
Miller, Harold L.	Richmond	Wayne-Union
Miller, Hugh A., Jr.	Elkhart	Elkhart
Miller, James R.	Wakarusa	Elkhart
Miller, James C.	Greensburg	Decatur
Miller, Jerry A.	Indianapolis	Marion
Miller, Jerry R.	Indianapolis	Marion
Miller, John D.	Indianapolis	Marion
Miller, John M.	Bloomington	Owen-Monroe
Miller, Joseph A.	Oaklandon	Hancock
Miller, Kenneth D.	Woodburn	Allen
Miller, L. Hoyt	Indianapolis	Marion
Miller, LaVerne B.	Evansville	Vanderburgh
Miller, Marshall S.	Evansville	Vanderburgh
Miller, Maurice	Michigan City	La Porte
Miller, Milton J.	Evansville	Vanderburgh
Miller, Orval J.	Fort Wayne	Allen
Miller, Ray D.	Martinsville	Morgan
Miller, Richard C.	Shelbyville	Shelby
Miller, Richard H.	Fort Wayne	Allen
Miller, Robert B.	Fort Wayne	Allen
Miller, Robert J.	Paragon	Morgan
Miller, Roland E.	Lafayette	Tippecanoe
Miller, Roscoe E.	Indianapolis	Marion
Miller, Samuel T. (S)	Elkhart	Elkhart
Miller, Virgil C.	Akron	Fulton
Miller, Wayne S.	Fort Wayne	Allen
Miller, William A. (S)	Hagerstown	Henry
Miller, William J.	Fort Wayne	Allen
Miller William J.	Lafayette	Tippecanoe
Millis, Arthur B.	Richmond	Wayne-Union
Millis, Samuel C.	Crawfordsville	Montgomery
Mills, Fred E.	Evansville	Vanderburgh
Mills, John F.	Roann	Wabash
Milne, Walter S.	Michigan City	La Porte
Milos, Robert J.	Gary	Lake
Min, David	Highland	Lake
Minczewski, Richard C.	Merrillville	Lake
Minick, Linus J.	Churubusco	Whitley
Mininger, Edward P.	Elkhart	Elkhart
Minkin, Ronald B.	Munster	Lake
Mino, Robert A.	Evansville	Vanderburgh
Minter, Donald L.	Goshen	Elkhart
Mintz, Alfred M.	Munster	Lake
Miranda, Adela P.	Chicago, Ill.	Lake
Miranda, C.R., III	Winchester	Randolph
Mirich, Ernest C.	Merrillville	Lake
Mirro, John A.	Merrillville	Lake
Misch, William	Cedar Lake	Lake
Mishkin, Irving	Elkhart	Elkhart

Name	City	County
Mishkin, Marvin	Elkhart	Elkhart
Mishler, Joe B.	Pierceton	Whitley
Mitchell, Gary A.	South Bend	St. Joseph
Mitchell, George H.	Indianapolis	Marion
Mitchell, Georgia B.	Gary	Lake
Mitchell, James P.	Bloomington	Owen-Monroe
Mitchell, John B.	Evansville	Vanderburgh
Mitman, Ursula E.	Plainfield	Hendricks
Mitre, Isaac N.	Terre Haute	Vigo
Mladick, Edward A.	Michigan City	La Porte
Moak, Glenn D.	Indianapolis	Marion
Moats, Carl F.	Fort Wayne	Allen
Moayad, Cyrus	Valparaiso	Porter
Mock, L. Farrell	Bluffton	Wells
Modisett, Jackson W.	Madison	Jefferson-Switzerland
Modisett, Marcella S.	Madison	Jefferson-Switzerland
Moe, John F.	Indianapolis	Marion
Moeller, Victor C.	Fort Wayne	Allen
Moenning, John E.	Greenfield	Hancock
Moheban, Joseph	Shelbyville	Shelby
Mohler, Floyd W.	Columbus	Bartholomew-Brown
Mohrs, Paul E.	Lafayette	Tippecanoe
Mok, Lynn C.	Evansville	Vanderburgh
Mok-Ying, Bung	Evansville	Vanderburgh
Molengraft, Cornelius J. (S)	Gary	Lake
Moltaji, Mohammad R.	Indianapolis	Marion
Monar, Michael	Rockport	Spencer
Moneyhun, James E.	Anderson	Madison
Montecillo, Antolin M.	Clinton	Parke-Vermillion
Montes, Herminio Y.	Hammond	Lake
Montgomery, Lall G. (S)	Muncie	Delaware-Blackford
Montgomery, Ralph F.	Muncie	Delaware-Blackford
Montgomery, W. Foster	Washington, D.C.	Marion
Montoya, Henry E.	Indianapolis	Marion
Montuori, Giulia	S. Holland, Ill.	Lake
Moon, Charles E.	Brazil	Clay
Moore, Donald C.	Columbus	Bartholomew-Brown
Moore, Donald F.	Indianapolis	Marion
Moore, Edwin G.	Gary	Lake
Moore, Gene D.	Terre Haute	Vigo
Moore, Harold T.	Indianapolis	Marion
Moore, Jack C.	Muncie	Delaware-Blackford
Moore, John M.	Kokomo	Howard
Moore, Robert G. (S)	Bicknell	Knox
Moore, Thomas S.	Indianapolis	Marion
Moore, William G.	La Porte	La Porte
Moores, William B.	Indianapolis	Marion
Moosey, Louis	Union Mills	La Porte
Moosey, Neale A.	Indianapolis	Marion
Moran, Thomas E.	Indianapolis	Marion
Morec, George J.	New Castle	Henry
Moreira, Alvaro F.	Michigan City	LaPorte
Moretto, Thomas J.	Indianapolis	Marion
Morey, Edwin E.	Fort Wayne	Allen
Morford, Guy	Bloomington	Owen-Monroe
Morgan, Margaret E.	Indianapolis	Marion
Morgan, Milton M.	Fort Wayne	Allen
Moriarty, John R.	Indianapolis	Marion
Morrical, Russell J.	Logansport	Cass
Morris, Robert A.	Anderson	Madison
Morris, Warren V.	Monticello	White
Morris, William H.	Munster	Lake
Morrison, George G., Jr.	Lawrenceburg	Dearborn-Ohio
Morrison, James T.	Greensburg	Decatur
Morrison, Lewis E.	Indianapolis	Marion
Morrow, Robert J.	Bedford	Lawrence
Morse, Robert P.	Indianapolis	Marion
Mortenson, Leland J. (S)	Fort Wayne	Allen
Morton, Don S.	Muncie	Delaware-Blackford
Morton, Joseph L.	Indianapolis	Marion
Morton, Philip M.	Indianapolis	Marion
Morton, Walter P. (S)	Indianapolis	Marion
Morton, William N.	Muncie	Delaware-Blackford
Mosbaugh, Phillip G.	Indianapolis	Marion
Moser, Arthur L.	Warsaw	Kosciusko
Moser, Rollin H. (S)	Bellaire Beach, Fla.	Marion
Moses, George E. (S)	Worthington	Greene
Moses, Robert E.	Worthington	Greene
Moss, Bobby L.	Indianapolis	Marion
Moss, Harlan B.	Indianapolis	Marion
Moss, Herschel C.	Indianapolis	Marion
Moswin, Jack A.	Merrillville	Lake
Mothersill, Mark H. (S)	Indianapolis	Marion
Mott, William H.	Gary	Lake
Moulton, Lillian G. (S)	Evansville	Vanderburgh
Mount, James L.	Bedford	Lawrence
Mount, Mathias S. (S)	Bloomfield	Greene
Mount, William M.	Lafayette	Tippecanoe
Mountain, Francis B.	Connersville	Fayette-Franklin
Mouser, Robert W.	Indianapolis	Marion
Mudd, Joseph P.	Clarksville	Clark
Mudrony-Szoke, Jeno B.	Bluffton	Wells
Mueller, Edwin C.	La Porte	La Porte
Mueller, Hilbert M.	South Bend	St. Joseph
Mueller, Lawrence W.	Fort Wayne	Allen
Mukhtar, Fuad A.	Lebanon	Boone
Muller, Lullus P.	Indianapolis	Marion
Muller, Paul F.	Indianapolis	Marion
Muller, Victor H.	Indianapolis	Marion
Mullican, William S.	Evansville	Vanderburgh
Mullinix, F. Michael	Indianapolis	Marion
Munoz, Jose C.	Fort Wayne	Allen
Murillo, Herbert L.	East Chicago	Lake
Murphy, Edward U.	Evansville	Vanderburgh
Murphy, Joseph F.	Lansing, Ill.	Lake

Name	City	County
Murray, Ernest C.	Kokomo	Howard
Murray, John S.	Vincennes	Knox
Murray, Raymond H.	Indianapolis	Marion
Murray, Roger C.	Kendallville	Noble
Musselman, Lawrence K.	Marion	Grant
Myers, Charles W. (S)	Indianapolis	Marion
Myers, Philip R.	Edwardsburg, Mich.	St. Joseph
Myers, Ronald M.	Kokomo	Howard
Myers, Roy V. (S)	West Palm Beach, Fla.	Marion
N		
Nacino, Rineo M.	Newburgh	Vanderburgh
Nagan, Robert F.	Indianapolis	Marion
Nakamura, Takamitsu	Munster	Lake
Nalley, James	Franklin	Johnson
Napper, Karl F.	South Bend	St. Joseph
Nason, Robert A.	Garrett	De Kalb
Nasr, Amin T.	Portland	Jay
Nasser, William K.	Indianapolis	Marion
Nation, Robert D.	Indianapolis	Marion
Naval, Joventino	North Liberty	St. Joseph
Navin, Hugh K. (S)	Fortville	Hancock
Navarre, Vincent J.	Munster	Lake
Nay, Richard M.	Indianapolis	Marion
Nazon, Yvon J.	Gary	Lake
Neal, Leonard W.	Munster	Lake
Neathamer, Thomas A.	Jeffersonville	Clark
Nedelkoff, Bogdan	New Albany	Floyd
Need, David J.	Indianapolis	Marion
Need, Louis T.	Indianapolis	Marion
Need, Richard L.	Indianapolis	Marion
Neer, David D.	Munster	Lake
Neher, John L.	South Bend	St. Joseph
Neidballa, Edward G.	Bristol	Elkhart
Neifert, Noel L.	Tell City	Perry
Nelson, Bryan E.	Columbus	Bartholomew-Brown
Nelson, Carl A.	West Lebanon	Fountain-Warren
Nelson, Delbert W., Jr.	Berne	Adams
Nelson, F. Dale	South Bend	St. Joseph
Nelson Harold E.	Muncie	Delaware-Blackford
Nelson, James B.	Fort Wayne	Allen
Nelson, Raymond E.	South Bend	St. Joseph
Nelson, Robert	South Bend	St. Joseph
Nelson, Walfred A.	Gary	Lake
Nesbit, Leonard L. (S)	Anderson	Madison
Nester, Henry G. (S)	Indianapolis	Marion
Neudorff, Louis G.	Terre Haute	Vigo
Neikamp, Frank H.	Connersville	Fayette-Franklin
Neumann, Kenneth O.	Lafayette	Tippecanoe
Newby, Eugene	Sheridan	Hamilton
Newcomb, William K.	Royal Center	Cass
Newman, Alvin E. (S)	Ft. Lauderdale, Fla.	Vanderburgh
Newman, Daniel M.	Indianapolis	Marion
Newman, Kerry J.	Evansville	Vanderburgh
Newman, Milton A.	Logansport	Cass
Newnam, Philip E.	Muncie	Delaware-Blackford
Newnum, Raymond L.	Evansville	Vanderburgh
Newsome, Cola K.	Evansville	Vanderburgh
Newton, Roger E.	Evansville	Vanderburgh
Ng, Anastacio	Indianapolis	Marion
Nicholas, Dennis J.	Indianapolis	Marion
Nichols, Harold G.	South Bend	St. Joseph
Nichols, Robert D.	Bluffton	Wells
Nichols, Robert J.	Vincennes	Knox
Nicholson, Raymond W.	Evansville	Vanderburgh
Nicosia, John B.	East Chicago	Lake
Nie, Louis W.	Indianapolis	Marion
Niedermayer, Alfred J.	Evansville	Vanderburgh
Nill, John H.	Fort Wayne	Allen
Nixon, Byron (S)	Farmland	Randolph
Noel, Leonora G.	Warsaw	Kosciusko
Nohl, John M.	Indianapolis	Marion
Nolan, Gerald R.	Fort Wayne	Allen
Nolin, Richard T.	Indianapolis	Marion
Nonte, Leo R.	Evansville	Vanderburgh
Nordschow, Carleton D.	Indianapolis	Marion
Norman, William H.	Indianapolis	Marion
Noroozi, Iradj	Terre Haute	Vigo
Norris, Max S.	Indianapolis	Marion
Norton, Horace O.	Washington	Daviess-Martin
Nourse, Myron H.	Indianapolis	Marion
Noveroske, Richard J.	Evansville	Vanderburgh
Novy, Charles A.	Fort Wayne	De Kalb
Nugent, Edwin J. (S)	Indianapolis	Marion
Nunez, Gilbert T.	Hammond	Lake
Nutter, Wyndham H.	Rushville	Rush
Nuval, Augusto J.	Terre Haute	Vigo
O		
Oak, David D., Jr.	Hanna	La Porte
Oatman, Jack G.	Fort Wayne	Allen
Oberlander, Seymour	Gary	Lake
O'Brian, Earl J.	Indianapolis	Marion
O'Brian, John F.	Fort Wayne	Allen
O'Brien, David M.	Columbus	Bartholomew-Brown
O'Brien, Francis E.	Rensselaer	Jasper
O'Brien, Raymond J.	Michigan City	La Porte
O'Bryan, Richard B.	Columbus	Bartholomew-Brown
Oca, Clemente F.	Jeffersonville	Clark
Ochsner, Harold C. (S)	Indianapolis	Marion
Ockermann, Kenneth R.	Rensselaer	Jasper
O'Donovan, Cornelius J.	Elkhart	Elkhart
Odrcic, Kazimir	South Bend	St. Joseph
Odulio, Benito	Mitchell	Lawrence
Odulio, Burnhilda	Mitchell	Lawrence
Oehler, Nancy L.	Brazil	Clay
Oehler, Robert C.	Brazil	Clay
Offutt, Andrew C.	Indianapolis	Marion
Offutt, Harry D., Jr.	Indianapolis	Marion

Name	City	County
Ogle, Robert W.	Greenwood	Johnson
Ojha, Brij. B.	Elkhart	Elkhart
Olcott, Charles W. (S)	Aurora	Dearborn-Ohio
Oldham, Alberta K.	Carmel	Marion
Olivo, Marciano T.	Gary	Lake
Olson, Donald T.	South Bend	St. Joseph
Olson, Kenneth L.	South Bend	St. Joseph
Olson, Leslie Dale	Merrillville	Lake
Olvey, Ottis N.	Indianapolis	Marion
Olvey, Stephen E.	Indianapolis	Marion
O'Malley, Patrick F.	South Bend	St. Joseph
Omstead, Milton	Petersburg	Pike
O'Neill, Martin J.	Valparaiso	Porter
Ong, Tiong G.	Valparaiso	Porter
Onorato, Joseph J.	Lafayette	Tippecanoe
Onyett, Harold R.	Greenwood	Marion
Ornelas, Joseph P.	Merrillville	Lake
O'Rourke, Carroll (S)	Fort Wayne	Allen
Orr, W. Robert	Mishawaka	St. Joseph
Ortiz, Juan Fernando	Batesville	Ripley
Osborne, John V.	Muncie	Delaware-Blackford
Oster, Jack H. (S)	Valparaiso	La Porte
Ostheimer, George	Martinsville	Morgan
Oswald, Robert H.	Evansville	Vanderburgh
Oswalt, James T.	Mitchell	Lawrence
Otten, Claude F.	Indianapolis	Marion
Overley, Ross A.	Indianapolis	Marion
Overley, Toner M., Jr.	Indianapolis	Marion
Overpeck, George H. (S)	Alexandria	Madison
Overshiner, Lyman (S)	Columbus	Bartholomew-Brown
Owen, Hugh T.	Evansville	Vanderburgh
Owen, John E. (S)	Indianapolis	Marion
Owen, Thomas F.	Alexandria	Madison
Owens, Tracy C. (S)	Indianapolis	Marion
Owens, Walter L.	Bloomington	Owen-Monroe
Owsley, Guy A.	Hartford City	Delaware-Blackford

P

Name	City	County
Pace, Jerome V. (S)	Fort Myers Beach, Fla.	Parke-Vermillion
Paff, William A.	Elkhart	Elkhart
Paff, James R.	Muncie	Delaware-Blackford
Page, Oliver W., Jr.	Indianapolis	Marion
Paik, Bo Wook	Mishawaka	St. Joseph
Paik, Geun	Michigan City	La Porte
Paine, George E.	Elkhart	Elkhart
Painter, Donald S.	Fort Wayne	Allen
Painter, Lowell W.	Winchester	Randolph
Pairitz, Frank D.	South Bend	St. Joseph
Paje, Alfredo Q.	Greensburg	Decatur
Pak, Yong S.	Terre Haute	Vigo
Palmer, Barron M. F.	Hammond	Lake
Palmer, Harley P.	Franklin	Johnson
Palmer, Robert M.	Indianapolis	Marion
Palmer, Robert W.	Indianapolis	Marion
Palmer, Thomas E.	Brownstown	Jackson-Jennings
Palmer, W. Allen	Knox	Starke
Pamintuan, Florino G.	Munster	Lake
Pan, Charles C. M.	Fort Wayne	Allen
Pancner, Ronald J.	Fort Wayne	Allen
Pancost, Vernon K.	Elkhart	Elkhart
Pangan, Jesus F.	Terre Haute	Vigo
Pangan, Zanita C.	Valparaiso	Porter
Panos, Constantine G.	Bluffton	Wells
Pantzer, John G., Jr.	Indianapolis	Marion
Papadopoulos, Aristides P.	Elkhart	Elkhart
Pappas, Eddie T.	Merrillville	Lake
Paraiso, Antonio Q.	Richmond	Wayne-Union
Paras, Jose L.	Batesville	Ripley
Pareja, Frank S.	Greenfield	Hancock
Paris, Durward W.	Kokomo	Howard
Paris, John M.	New Albany	Floyd
Park, Byron J.	Richmond	Wayne-Union
Park, Hee-Myung	Indianapolis	Marion
Parke, William C.	Warsaw	Kosciusko
Parker, Carey B. (S)	Fort Wayne	Allen
Parker, Carl B.	Wingate	Montgomery
Parker, E. Camille	Logansport	Cass
Parker, Francis W., Jr.	Logansport	Cass
Parker, George F., Jr.	Indianapolis	Marion
Parker, Harry C. (S)	Hobart	Lake
Parker, John C.	Goodland	Newton
Parker, John F.	Indianapolis	Marion
Parker, Portia (S)	Indianapolis	Marion
Parks, George O.	Hartford City	Delaware-Blackford
Parks, Herbert E.	Indianapolis	Marion
Parmenter, Harry B.	Vincennes	Knox
Parr, Robert Lowell	Indianapolis	Marion
Parratt, Louis W.	Gary	Lake
Parrish, Richard K.	Decatur	Adams
Parrot, Donald J.	Fort Wayne	Allen
Parshall, Dale B.	Elkhart	Elkhart
Parsons, Robert L.	South Bend	St. Joseph
Pascuzzi, Chris A.	South Bend	St. Joseph
Pastor, Julius W.	Evansville	Vanderburgh
Patel, D. A.	Munster	Lake
Patel, Manu P.	Kendallville	Noble
Patel, Pulkit J.	Terre Haute	Vigo
Patheja, Surjit S.	Valparaiso	Porter
Patterson, Jack W.	Fort Wayne	Allen
Patterson, William K.	Anderson	Madison
Pattison, John D.	Marion	Grant
Patton, Charles	Lafayette	Tippecanoe
Paul, Eudell G.	Munster	Lake
Paul, Leonard G.	Michigan City	La Porte
Pauszek, Robert B.	Indianapolis	Marion
Pauszek, Thomas B. (S)	South Bend	St. Joseph
Pavelka, Ronald P.	Madison	Jefferson-Switzerland
Pavlick, Theodore J.	Evansville	Vanderburgh
Payne, Arthur C. (S)	East Chicago	Lake
Paynter, Morris B. (S)	Southport	Marion
Paynter, William F.	Indianapolis	Marion

Name	City	County
Paz, Juan A.	Indianapolis	Marion
Paz, Luis	New Castle	Henry
Peacock, Norman F.	Crawfordsville	Montgomery
Peacock, Robert C.	Muncie	Delaware-Blackford
Pearce, Robert M.	Indianapolis	Marion
Pearce, Roy V.	Terre Haute	Vigo
Pearce, William L.	Columbus	Bartholomew-Brown
Pearcy, Marcene	Marion	Grant
Peare, Reeve B.	Huntington	Huntington
Pearson, Huey L.	Fort Wayne	Allen
Pearson, Jack W.	Indianapolis	Marion
Pearson, John S.	Indianapolis	Marion
Pearson, Lyman R. (S)	Dunedin, Fla.	Marion
Pearson, Willian E. (S)	Wabash	Wabash
Peck, Edward A.	Hammond	Lake
Peck, Franklin B., Jr.	Indianapolis	Marion
Peck, F. B., Sr. (S)	Tuscon, Ariz.	Marion
Peck, James F.	Princeton	Gibson
Peddicord, Clifford R.	Logansport	Cass
Peiffer, Geraldine M.	Hammond	Lake
Peirce, James D.	Indianapolis	Marion
Pell, Donald M.	Muncie	Delaware-Blackford
Pemberton, Jack J.	Evansville	Vanderburgh
Penkava, Robert	Evansville	Vanderburgh
Penn, Robert A.	East Gary	Lake
Pentecost, Paul A.	Muncie	Del.-Blkfd.
Pepple, W. David	Auburn	Allen
Peralta, Jose	Crawfordsville	Montgomery
Perez, Adela M.	Chicago, Ill.	Lake
Perez, Cesar R.	Carmel	Marion
Perez, Hilda A.	Carmel	Marion
Perkins, Powell L.	Kokomo	Howard
Perrin, Kermit F.	Fort Wayne	Allen
Person, Theodore C.	Veedersburg	Fountain-Warren
Pesarillo, Servando N.	Kokomo	Howard
Pesigan, Conrado S.	East Chicago	Lake
Peters, Elmer E.	Brookville	Fayette-Franklin
Peterson, Deward D.	Terre Haute	Vigo
Peterson, James A.	Elkhart	Elkhart
Peterson, Ronald L.	Plymouth	Marshall
Petitjean, Harold G.	Haubstadt	Gibson
Petranoff, T. V. (S)	Indianapolis	Marion
Petrass, Andrew (S)	South Bend	St. Joseph
Petrich, Peter R.	Attica	Fountain-Warren
Petry, T. Neal	Delphi	Carroll
Pettis, Arthur G.	Gary	Lake
Petway, Allen P.	Madison	Jefferson-Switzerland
Peyton, Frank W.	Lafayette	Tippecanoe
Peyton, Richard R.	Lafayette	Tippecanoe
Pfaff, Dudley A. (S)	Indianapolis	Marion
Pfeifer, James M.	Lawrenceburg	Dearborn-Ohio
Pfrommer, J. R.	Lafayette	Tippecanoe
Pfuetze, Max E.	Logansport	Cass
Phares, Robert W.	Kokomo	Howard
Phelps, Stephen R.	South Bend	St. Joseph
Philbrook, Seth S.	La Porte	La Porte
Phillips, David L.	Indianapolis	Marion
Phillips, Donald M.	Merrillville	Lake
Phillips, John H.	Michigan City	La Porte
Phipps, Leland K. (S)	Union City	Randolph
Pickerill,, James M.	Lafayette	Tippecanoe
Pickett, Merle E.	Fort Wayne	Allen
Pickett, Robert D.	Indianapolis	Marion
Pierce, Emmett C., Jr.	Greenfield	Marion
Pierce, Gene S.	New Albany	Floyd
Pierce, William J.	Bruceville	Daviess-Martin
Pierson, Howard	Merrillville	Lake
Pierson, Pearl H.	Warsaw	Kasciusko
Pietz, David G.	Bluffton	Wells
Pike, Warren H.	Hobart	Lake
Pile, Stafford W., Jr.	Indianapolis	Marion
Pilecki, Peter J.	Michigan City	La Porte
Pillai, Vijavan V.	Bedford	Lawrence
Pillay, Vijaya P.	Merrillville	Lake
Pilot, Jean	Hammond	Lake
Pippenger, Wayne G.	Frankfort	Clinton
Pippenger, Joseph I.	Muncie	Delaware-Blackford
Pitkin, McKendree C. (S)	Martinsville	Morgan
Pittman, John N.	Indianapolis	Marion
Pitts, Neal C.	Bluffton	Wells
Pizzo, Anthony	Bloomington	Owen-Monroe
Plain, George B.	South Bend	St. Joseph
Plain, George Leroy	South Bend	St. Joseph
Plank, C. Robert	Michigan City	La Porte
Plasterer, Edward D.	Richmond	Wayne-Union
Platis, James M.	Gary	Lake
Pless, John Edward	Bedford	Lawrence
Pletcher, William D.	Elkhart	Elkhart
Ploetner, Edward J.	Jasper	Dubois
Poehler, Fred C.	La Fontaine	Wabash
Polhemus, Warren C.	Anderson	Madison
Polite, Nicholas L.	Hammond	Lake
Pollack, Seymour L.	New Castle	Henry
Polydefkis, Dimitri	Munster	Lake
Poncher, John R.	Valparaiso	Porter
Pontaoe, A. G.	Evansville	Vanderburgh
Pontius, Edwin E.	Indianapolis	Marion
Poolitsan, George C.	Bloomington	Owen-Monroe
Pope, Howard A.	New Albany	Floyd
Pope, W. D.	Columbus	Bartholomew-Brown
Popp, Milton F.	Fort Wayne	Allen
Popplewell, Arvine G.	Indianapolis	Marion
Poracky, Bernard F.	Valparaiso	Porter
Porapaiboon, Veera	Merrillville	Lake
Porro, Francis W. (S)	Evansville	Vanderburgh
Porter, Carl M.	Jasonville	Greene
Porter, George S.	Richmond	Wayne-Union
Porter, John R.	Lebanon	Boone
Porter, Robert A.	Westport	Decatur
Portney, Fred R.	Munster	Lake
Potter, Brian	Michigan City	La Porte
Poulosk, James T.	Lafayette	Tippecanoe
Powell, J. Paxton	Marion	Grant

Name	City	County
Powell, M. Jack	Fort Wayne	Allen
Powell, Richard C.	Indianapolis	Marion
Powers, William R.	Lyons	Greene
Prather, Philip E.	Kokomo	Howard
Pratt, George B. III	Indianapolis	Marion
Pratt, Ralph M., Jr.	Madison	Jefferson-Switzerland
Predd, Adolph C.	La Porte	La Porte
Predd, Florian M.	Michigan City	La Porte
Predey, Thomas	Munster	Lake
Premuda, Franklin F.	Hammond	Lake
Present, Julian D.	Evansville	Vanderburgh
Pribble, Robert H.	Indianapolis	Marion
Price, Ambrose M.	Anderson	Madison
Price, David W.	Indianapolis	Marion
Price, Douglas W.	Nappanee	Elkhart
Price, Francis W.	Indianapolis	Marion
Price, James O.	Indianapolis	Marion
Price, Robert W.	Elkhart	Elkhart
Price, Shirley G.	Evansville	Vanderburgh
Priddy, Marvin E.	Fort Wayne	Allen
Probst, Edward L.	Columbus	Bartholomew-Brown
Proos, John M. III	Indianapolis	Marion
Proudfit, Charles H.	South Bend	St. Joseph
Prough, Wendell A.	Bluffton	Wells
Province, William D.	Franklin	Johnson
Pruitt, Donald	Evansville	Gibson
Pruitt, Jacob E.	Merrillville	Lake
Pryor, Richard C.	Indianapolis	Marion
Pugh, William	Bloomington	Owen-Monroe
Pugh, Willis L.	Evansville	Vanderburgh
Pulcini, John D.	Evansville	Vanderburgh
Pullman, George R.	Warsaw	Kosciusko
Pulskamp, Bertrand H. (S)	Wolcottville	Noble
Purcell, Lawrence T.	Bluffton	Wells
Purcell, Richard J.	Griffith	Lake
Puterbaugh, Karl E. (S)	Albany	Delaware-Blackford
Pyle, Harold D. (S)	Sun City, Ariz.	St. Joseph
Pyle, Susan K.	Union City	Randolph

Q

Quakenbush, John	Kokomo	Howard
Quick, William J. (S)	Muncie	Delaware-Blackford
Quigley, George J.	Indianapolis	Marion
Quigley, Joseph W.	Indianapolis	Marion
Quilty, Thomas J.	Goshen	Elkhart

R

Rabasa, Rafael	Mishawaka	St. Joseph
Rabelo, John S.	Beverly Shores	Porter
Raber, Robert M.	Indianapolis	Marion
Radcliff, Forest F.	Evansville	Vanderburgh
Radcliffe Lee E.	W. Lafayette	Tippecanoe
Rademacher, Wade	Beech Grove	Marion
Radpour, Shokri	Kokomo	Howard
Ragan, William D.	Indianapolis	Marion
Rahdert, Richard	Lafayette	Tippecanoe
Rajachar, Mathikere R.	Marion	Grant
Raju, S. Gopal	Marion	Grant
Ralston, Marc A.	Lafayette	Tippecanoe
Ramage, Walter F.	Indianapolis	Marion
Ramaprakash, H.N.	Ft. Wayne	Allen
Ramker, Daniel T.	Hammond	Lake
Ramos, Leonardo	Borden	Clark
Ramsdell, Glen A.	Richmond	Wayne-Union
Ramsey, Frank B. (S)	Indianapolis	Marion
Ramsey, George F.	Lafayette	Tippecanoe
Ramsey, Hugh S.	Bloomington	Owen-Monroe
Ranck, Benjamin A.	Columbus	Bartholomew-Brown
Raney, Ben B. (S)	Linton	Greene
Raney, Robert D.	Terre Haute	Vigo
Rang, A. A. (S)	Washington	Daviess-Martin
Rang, Robert H.	Washington	Daviess-Martin
Rank, William B.	Fort Wayne	Allen
Rapp, George F.	Indianapolis	Marion
Rasch, George C., Jr.	Munster	Lake
Rasmussen, Ruth F. (S)	South Bend	St. Joseph
Ratcliff, Frank W.	Lafayette	Tippecanoe
Ratcliffe, Albert W.	Evansville	Vanderburgh
Ratts, Larry D.	Bloomington	Owen-Monroe
Rau, Charles A.	Columbus	Bartholomew-Brown
Rauh, Robert A.	Wabash	Wabash
Rausch, Norman W.	Angola	Steuben
Rawlins, Steven J.	Merrillville	Lake
Rawlins, Carolyn M.	Munster	Lake
Rawls, George H.	Indianapolis	Marion
Ray, Carl S.	Indianapolis	Marion
Ray, James A.	Bloomington	Owen-Monroe
Rayes, Joseph L.	Princeton	Gibson
Raymundo, Luciano	Munster	Lake
Rea, Ralph L.	Greenfield	Hancock
Rea, Thomas J.	Edwardsburg, Mich.	St. Joseph
Read, John E.	Chesterton	Porter
Receveur, Paul E.	New Albany	Floyd
Receveur, Robert	New Albany	Floyd
Recometa, Oscar D.	Marion	Grant
Records, Arthur W. (S)	Franklin	Johnson
Records, John M.	Franklin	Johnson
Reeck, Claude C., Jr.	Indianapolis	Marion
Reeck, Mary Jane	Indianapolis	Marion
Reed, Edsel S.	Jeffersonville	Clark
Reed, James C.	Elkhart	Elkhart
Reed, John D.	Fort Wayne	Allen
Reed, John J.	Hobart	Lake
Reed, Philip B.	St. Petersburg	Marion
Reed, Robert C.	Terre Haute	Vigo
Reed, Robert F.	Mishawaka	St. Joseph
Reed, Robert G., Jr.	Columbus	Bartholomew-Brown
Reed, Robert G.	Indianapolis	Marion
Reed, Roger R.	Anderson	Madison

Name	City	County
Reed, Ronald R.	Hammond	Lake
Reedy, Richard L.	Muncie	Delaware-Blackford
Rees, Russel C. (S)	Indianapolis	Marion
Reich, Clarence E.	Evansville	Vanderburgh
Reid, Charles A.	Indianapolis	Marion
Reid, Donald B.	Columbia City	Whitley
Reid, James D.	Marion	Grant
Reid, Robert M.	Indianapolis	Bartholomew-Brown
Reid, Robert W. (S)	Union City	Randolph
Reimers, Roger A.	Bloomington	Owen-Monroe
Reineke, Jan R.	South Bend	St. Joseph
Reitman, Paul H.	East Chicago	Lake
Reitz, Lawrence A.	Indianapolis	Marion
Remich, Antone C.	Munster	Lake
Remo, John W.	Lafayette	Tippecanoe
Rendel, Donald T.	Munster	Lake
Rendel, Harold E.	Peru	Miami
Repay, Walter A.	Munster	Lake
Reppert, Roland L.	Decatur	Adams
Ress, Gene E.	Tell City	Perry
Reszel, Paul A.	Fort Wayne	Allen
Reul, George M.	Kokomo	Howard
Reuter, John W.	Bedford	Lawrence
Reyes, Angel I.	Chicago, Ill.	Lake
Reyes, Diego C.	Peru	Miami
Reyes, Nestor	New Whiteland	Marion
Reyes, Ordonio J.	Rushville	Rush
Reynolds, Paul	Franklin	Johnson
Reynolds, Ralph E.	Middletown	Madison
Reynolds, Richard J.	Terre Haute	Vigo
Rezvan, Nader	Bloomington	Owen-Monroe
Rhamy, Arthur P. (S)	Wabash	Grant
Rhamy, Donald E.	Marion	Grant
Rhee, Sang K.	Fort Wayne	Allen
Rheinheimer, Floyd L.	Milford	Elkhart
Rhind, Alexander W. (S)	Hammond	Lake
Rhodes, Alfred K.	Lawrenceburg	Dearborn-Ohio
Rhoads, Paul S.	Richmond	Wayne-Union
Rhorer, John G.	Marion	Grant
Rhynearson, Hal R.	Fortville	Hancock
Rhynearson, William R.	Fortville	Hancock
Rice, Katherine K.	South Bend	St. Joseph
Rice, Raymond D.	Indianapolis	Marion
Rice, Raymond M. (S)	Indianapolis	Marion
Rich, Norval S.	Decatur	Adams
Rich, Richard B.	Indianapolis	Marion
Richard, Norman F.	Angola	Steuben
Richards, Alan D.	Fort Wayne	Allen
Richards, Dean	South Bend	St. Joseph
Richards, Edgar E. (S)	Russellville	Montgomery
Richardson, Joseph D.	Rochester	Fulton
Richardson, J. H.	Fort Wayne	Allen
Richart, James V. (S)	Terre Haute	Vigo
Richmond, Harold W.	Columbus	Bartholomew-Brown
Richter, Arthur B. (S)	Indianapolis	Marion
Richter, John C.	La Porte	La Porte
Richter, Samuel	Merrillville	Lake
Rider, Paul S.	Indianapolis	Marion
Ridgway, Alton H.	Lapel	Madison
Ridolfo, Anthony S.	Zionsville	Marion
Rieger, I. Taylor	Bloomington	Owen-Monroe
Riehl, Richard	Jeffersonville	Clark
Rieser, Aloys M., Jr.	Crown Point	Lake
Rietman, H. Jerome	Evansville	Vanderburgh
Rifner, Eugene S.	Van Buren	Grant
Rigg, John F. (S)	N. Palm Beach, Fla.	Marion
Riggs, Floyd C. (S)	Terre Haute	Vigo
Riggs, Wendell A.	Lafayette	Tippecanoe
Riley, Henry S.	Madison	Jefferson-Switzerland
Riley, Paul D.	Indianapolis	Marion
Rimel, James F.	Plymouth	Marshall
Riner, Jack K.	Indianapolis	Marion
Ringer, William A.	Williamsport	Fountain-Warren
Riordan, John F.	Valparaiso	Porter
Rissing, Walter J.	Fort Wayne	Allen
Ritchie, William D.	Evansville	Vanderburgh
Ritchey, James O.	Indianapolis	Marion
Ritteman, George W. (S)	Franklin	Johnson
Ritter, Merrill A.	Indianapolis	Marion
Ritter, Wayne L.	Indianapolis	Marion
Rittmeyer, Jack L.	Muncie	Delaware-Blackford
Ritz, Albert S.	Evansville	Vanderburgh
Rivera, Felicidad	Michigan City	LaPorte
Rivera, Julius	Michigan City	LaPorte
Rivera-Correa, Hector P.	Indianapolis	Marion
Rivers, Thomas A.	Rochester, Minn.	Delaware-Blackford
Roach, Eugene G.	New Castle	Henry
Robb, John A.	Indianapolis	Marion
Robbins, Lewis C.	Indianapolis	Marion
Roberto, Benjamin V.	Austin	Scott
Roberts, Billy J.	South Bend	St. Joseph
Roberts, Warren C.	Indianapolis	Marion
Robertson, Addis N. (S)	New Albany	Floyd
Robertson, James A.	Evansville	Vanderburgh
Robertson, James S.	Plymouth	Marshall
Robertson, Robert E.	Sellersburg	Clark
Robertson, William C.	Chesterton	Henry
Robertson, William S.	Spiceland	Porter
Robinson, Earle U.	Indianapolis	Marion
Robinson, Frederick C.	Lafayette	Tippecanoe
Robinson, Nan E.	New Albany	Floyd
Robinson, Robert D.	Bloomington	Owen-Monroe
Robinson, Robert J.	Indianapolis	Marion
Robison, Roger F.	Bloomington	Owen-Monroe

Name	City	County
Roby, Alma L.	Jeffersonville	Clark
Roch, L. Marshall	Muncie	Delaware-Blackford
Rockey, Noah A. (S)	Ft. Lauderdale, Fla.	Allen
Rodriguez, Agustin R.	Richmond	Wayne-Union
Rodriguez, Claveria P.	Richmond	Wayne-Union
Roe, Taft W.	Evansville	Vanderburgh
Roesch, Ryland P.	Indianapolis	Marion
Roeske, Nancy A.	Indianapolis	Marion
Rogers, Donald B.	Madison	Jefferson-Switzerland
Rogers, Evered E.	Auburn	De Kalb
Rogers, R. Shirrell	Terre Haute	Vigo
Rogers, Thomas P. (S)	La Jolla, Calif.	Marion
Rogge, James D.	Indianapolis	Marion
Roggenkamp, Milton W.	W. Lafayette	Tippecanoe
Rohn, Robert J.	Indianapolis	Marion
Rohrer, Bryce B.	Walkerton	St. Joseph
Rohrer, James R.	Elnora	Daviess-Martin
Roig, Jose H.	Merrillville	Lake
Roller, Mac C.	Franklin	Johnson
Rollins, Thomas K.	Bloomington	Owen-Monroe
Romain, Louis F.	Fort Wayne	Allen
Romberger, Floyd T., Jr.	Indianapolis	Marion
Rommel, Clarence H. (S)	W. Lafayette	Tippecanoe
Roof, Roger S.	Greencastle	Putnam
Roose, Lisle W.	Nappanee	Elkhart
Ropp, Harold E.	New Harmony	Posey
Ros, George A.	Warsaw	Kosciusko
Rosales, Marina N.	Highland	Lake
Rose, Robert E.	Spencer	Owen-Monroe
Rosenak, Bernard D.	Indianapolis	Marion
Rosenbaum, Irving, Jr.	Indianapolis	Marion
Rosenbaum, Lloyd E.	Anderson	Madison
Rosenberg, Gabriel J.	Indianapolis	Marion
Rosenblatt, Bernard B.	Evansville	Vanderburgh
Rosenbloom, Philip J. (S)	Gary	Lake
Rosene, Harold A., Jr.	Terre Haute	Vigo
Rosenheimer, George M. (S)	South Bend	St. Joseph
Rosenthal, Carl	Hammond	Lake
Rosenwasser, Jacob	Mishawaka	St. Joseph
Rosero, M. George	Kewanna	Marshall
Rosevear, Henry J.	Munster	Lake
Ross, Alexander T.	Indianapolis	Marion
Ross, Ben R. (S)	Bloomington	Owen-Monroe
Ross, David E., Jr.	Gary	Lake
Ross, Edward	Indianapolis	Marion
Ross, Glenn E.	Washington	Daviess-Martin
Ross, Guy E.	Anderson	Madison
Ross, James B.	Bloomington	Owen-Monroe
Roth, Bertram S.	Indianapolis	Marion
Roth, James R.	Columbia City	Whitley
Roth, Leo	Gary	Lake
Rothrock, Philip W.	Lafayette	Tippecanoe
Rotman, Harry G.	Jasonville	Greene
Rotman, Sam I.	Jasonville	Greene
Rouen, Robert L.	Elkhart	Elkhart
Rourke, Robert F.	Terre Haute	Vigo
Roushdi, Hussein A.	Indianapolis	Marion
Rousseau, John W.	Fort Wayne	Allen
Row, George S.	Osgood	Ripley
Rowe, George A.	Cincinnati, Ohio	Marion
Royer, Jerry A.	Indianapolis	Marion
Royer, John D.	Anderson	Madison
Royster, George M. (S)	Evansville	Vanderburgh
Royster, Robert A.	Evansville	Vanderburgh
Rubens, Eli (S)	South Bend	St. Joseph
Rubin, Simon S.	Merrillville	Lake
Rubush, John L.	Indianapolis	Marion
Ruddell, Keith R.	Indianapolis	Marion
Rudesill, Cecil L. (S)	Indianapolis	Marion
Rudesill, Robert L.	Indianapolis	Marion
Rudicel, Max H.	Daleville	Delaware-Blackford
Rudicel, Max	Kokomo	Howard
Rudolph, Kenneth J.	Evansville	Vanderburgh
Rudolph, R. A.	Muncie	Jay
Rudolph, Stephen J., Jr.	Kessler AFB, Miss.	Marion
Rudser Donald H.	Whiting	Lake
Rudwell, George H.	Jeffersonville	Clark
Rudy, Donald B.	Rhodesia, S. Africa	Wells
Ruff, Jerard G.	Bloomington	Owen-Monroe
Ruiz, Carlos M.	Boonville	Warrick
Rule, Ned P.	Evansville	Vanderburgh
Rumana, Robert	Bluffton	Wells
Runge, Paul W.	Richmond	Wayne-Union
Ruoff, William F.	New Albany	Floyd
Rupe, Lloyd O.	Elkhart	Elkhart
Rupel, Dennis F.	Elkhart	Elkhart
Rusche, Henry J.	Evansville	Vanderburgh
Rusche, Herman F.	Evansville	Vanderburgh
Rusche, Thomas J.	Evansville	Vanderburgh
Ruschli, Edward B. (S)	Lafayette	Tippecanoe
Rusher, Merrill W.	Fort Wayne	Allen
Rushmore, Charles H.	Indianapolis	Marion
Rusk, Hubert M. (S)	Wallace	Fountain-Warren
Russell, Donald E.	Indianapolis	Marion
Russell, Henry T.	Battleground	Tippecanoe
Russell, John R.	Indianapolis	Marion
Russell, Richard H.	Evansville	Vanderburgh
Russo, Andrew E.	Crown Point	Lake
Rust, Byron K.	Sarasota, Fla.	Marion
Rust, Roland B., Jr.	Indianapolis	Marion
Ruth, Martin L. (S)	Indianapolis	Marion
Rutherford, Charles E.	Lafayette	Tippecanoe
Ryan, C. David	Columbus	Bartholomew-Brown
Ryan, Glen V.	Indianapolis	Marion
Ryan, Hubert J. (S)	Gary	Lake

Name	City	County
Ryan, Michael G.	Madison	Jefferson-Switzerland
Ryan, William J.	Columbus	Bartholomew-Brown
S		
Saavedra, Bernardo	Merrillville	Lake
Sabens, James A.	Indianapolis	Marion
Sabina, Robert	Munster	Lake
Sabo, Wm. J.	Hammond	Lake
Safayan, Esfandiar O.	Terre Haute	Vigo
Safirstein, Moises	Fort Wayne	Allen
Sagalowsky, Howard S.	Indianapolis	Marion
Sage, Charles V., Jr.	Richmond	Wayne-Union
Sage, Russell A., Jr.	Farmington, N. Mexico	Marion
Sahlmann, Hans (S)	Fort Wayne	Allen
Sala, Joseph J.	Merrillville	Lake
Sala, Walter R.	Merrillville	Lake
Salama, Fawzy E.	Evansville	Vanderburgh
Salazar, Luis B.	South Bend	St. Joseph
Salb, John P.	Jasper	Dubois
Salon, Harry W. (S)	Fort Wayne	Allen
Salon, Joel W.	Fort Wayne	Allen
Salon, Nathan L. (S)	Fort Wayne	Allen
Salsburg, Herbert E.	Hamlet	La Porte
Salvo, At S.	Williamsport	Fountain-Warren
Sami, Abdel	Bedford	Lawrence
Sanchez, Jose D.	La Porte	La Porte
Sanders, Bertram W.	Connersville	Fayette-Franklin
Sanders, Fred	Indianapolis	Marion
Sanders, Harry M.	Indianapolis	Marion
Sanderson, Robert B. (S)	South Bend	St. Joseph
Sandlin, Donald L.	Columbus	Bartholomew-Brown
Sandock, Louis F.	South Bend	St. Joseph
Sandoz, Harry H. (S)	South Bend	St. Joseph
Sangalang, Zenaida	Bedford	Lawrence
Santare, Vincent J.	Munster	Lake
Saperstein, Morris	Indianapolis	Marion
Sarkar, Dipa	Brazil	Clay
Sarkar, Anil K.	Sullivan	Sullivan
Sartore, Gilbert A.	Evansville	Vanderburgh
Sato, Takuya	Indianapolis	Marion
Saucelo, Bart M.	South Bend	St. Joseph
Sauer, John B.	Beech Grove	Marion
Scales, Alfred B. (S)	Huntingburg	Dubois
Scales, Allen D.	Huntingburg	Dubois
Scamahorn, Malcolm O.	Pittsboro	Hendricks
Scanlon, John C.	Lafayette	Tippecanoe
Scea, Wallace A.	Elwood	Madison
Schaab, Eric	Fort Wayne	Allen
Schaaf, Alvin D. (S)	Jamestown	Boone
Schafer, William C.	Washington	Daviess-Martin
Schaffer, Edward V.	Indianapolis	Marion
Schaffer, James J.	Bloomington	Owen-Monroe
Schalliol, James P.	Rochester	Cass
Schantz, Richard	Remington	Jasper
Schaphorst, Richard A.	Mishawaka	St. Joseph
Schauwecker, Cleon M.	Greencastle	Putnam
Schechter, John S.	Indianapolis	Marion
Scheer, Alexander L.	Elkhart	Elkhart
Scheeres, Jacob W.	Lafayette	Tippecanoe
Scheeringa, Ronald H.	Fort Wayne	Allen
Scheidler, James A.	Indianapolis	Marion
Scheier, Emil W. (S)	Indianapolis	Marion
Scheimann, Lois	Valparaiso	Porter
Schell, H. Richard	Bloomington	Owen-Monroe
Schemmer, Kenneth E.	Anderson	Madison
Schemetzer, Alan D.	Indianapolis	Marion
Schen, Sanford E.	Evansville	Vanderburgh
Schenck, Ralph E.	Portland	Jay
Scherb, Burton E.	Terre Haute	Vigo
Scherschel, John P.	Bedford	Lawrence
Scherschel, Thomas R.	Kokomo	Howard
Scheurich, Manley	Oxford	Benton
Scheurich, Virgil	Oxford	Benton
Schiller, Herbert A.	South Bend	St. Joseph
Schilling, Richard J.	Bloomington	Owen-Monroe
Schimmelpfennig, Robert W.	Evansville	Vanderburgh
Schirmer, Robert H.	Evansville	Vanderburgh
Schlademan, Karl R.	Fort Wayne	Allen
Schlaegel, Theo. F., Jr.	Indianapolis	Marion
Schlegel, Donald M.	Indianapolis	Marion
Schleinkofer, Robert M.	Fort Wayne	Allen
Schlesinger, Daniel J.	Munster	Lake
Schloss, Robert P.	Fort Wayne	Allen
Schlossberg, Victor E., Jr.	Mishawaka	St. Joseph
Schlosser, Herbert C. (S)	Elkhart	Elkhart
Schmalhausen, Ansel W.	Beech Grove	Marion
Schlueter, David P.	Fort Wayne	Allen
Schmidt, Eugene E.	Fort Wayne	Allen
Schmidt, Loren F.	Indianapolis	Marion
Schmidt, Paul E.	Indianapolis	Marion
Schmiedicke, Paul H. (S)	W. Lafayette	Tippecanoe
Schmitt, Richard K. (S)	Columbus	Bartholomew-Brown
Schmitt, Robert J.	Munster	Lake
Schmoll, Robert J.	Fort Wayne	Allen
Schmoyer, Maurice R.	Indianapolis	Marion
Schneider, Carl J.	Indianapolis	Marion
Schneider, Charles P.	Evansville	Vanderburgh
Schneider, Kenneth D.	Columbus	Bartholomew-Brown
Schneider, Louis A.	Fort Wayne	Allen
Schneider, Paul A.	Indianapolis	Marion
Schnute, Richard B.	Indianapolis	Marion
Schoen, Frederic L.	Fort Wayne	Allen
Schoenhals, Charles E.	Fort Wayne	Allen
Schoolfield, William E. (S)	Orleans	Orange
Schoonveld, Arthur	Brook	Newton
Schreiner, John E.	Bremen	Marshall

Name	City	County
Schrepferman, Wayne	Hamilton	Steuben
Schriefer, Victor V.	Evansville	Vanderburgh
Schroeder, Henry R.	Evansville	Vanderburgh
Schroeder, James E.	Indianapolis	Marion
Schubert, Jerome C.	Fort Wayne	Allen
Schubert, Philip C.	Fort Wayne	Allen
Schuchman, Gabriel	Indianapolis	Marion
Schuchman, Harvey A.	Indianapolis	Marion
Schulfer, Richard J.	Hammond	Lake
Schulhof, Lary A.	Indianapolis	Marion
Schulhof, Maurice G.	Muncie	Delaware-Blackford
Schultheis, Richard L.	Indianapolis	Owen-Monroe
Schulz, Kurt J.	Fairmont, Minn.	Lake
Schumacher, Richard R.	Indianapolis	Marion
Schumaker, Robert A.	Terre Haute	Vigo
Schuster, Dwight W.	Indianapolis	Marion
Schwartz, Frederick C.	Kokomo	Howard
Schwartz, Jack	Munster	Lake
Schwartz, Mary M.	Hammond	Lake
Schwarz, Anton J. F.	Zionsville	Marion
Scofield, John B.	Indianapolis	Marion
Scott, Frank M.	South Bend	St. Joseph
Scott, George E.	Indianapolis	Marion
Scott, H. Vaughn	Fort Wayne	Allen
Scott, Irvin H.	Sullivan	Sullivan
Scott, I. Winfield	Indianapolis	Marion
Scott, John R.	Indianapolis	Marion
Scott, John S.	La Porte	La Porte
Scott, Robert O.	Indianapolis	Marion
Scott, Samuel L.	Indianapolis	Marion
Scott, V. Brown	Shelbyville	Shelby
Scott, William M.	Scottsburg	Scott
Scudder, Arthur N.	Brownsburg	Hendricks
Scudder, Gary E.	Lawrenceburg	Dearborn-Ohio
Scudder, James P.	Fort Wayne	Allen
Scully, John T.	Merrillville	Lake
Scully, William E.	Terre Haute	Vigo
Scupham, William	La Porte	La Porte
Seagle, William C.	Bloomington	Owen-Monroe
Seal, Perry F.	Brookville	Fayette-Franklin
Seaman, Charles F.	Indianapolis	Marion
Searight, Howard R.	Muncie	Delaware-Blackford
Searight, John L.	Indianapolis	Marion
Sears, Don A.	Odon	Daviess-Martin
Seat, Marshall H.	Washington	Daviess-Martin
Sebahar, Duane	Columbus	Bartholomew-Brown
Sebastian, Ricardo F.	Portage	Lake
Sedam, Herbert L.	Indianapolis	Marion
Seese, Robert M.	Delphi	Carroll
Seibel, Robert M.	Nashville	Bartholomew-Brown
Seipel, Stanley	Lanesville	Harrison-Crawford
Sekulich, Milo	Kokomo	Howard
Sellers, Francis M.	South Bend	St. Joseph
Sellmer, George W.	Indianapolis	Marion
Semerdjian, Aram	Gary	Lake
Sennett, William K. (S)	Macy	Miami
Senseny, Eugene F.	Fort Wayne	Allen
Sera, Segundo R.	Bedford	Lawrence
Serna, Carlos A.	Highland	Lake
Serrano, Edward	Beech Grove	Marion
Serrano, Jose F.	Munster	Lake
Ser Vaas, Cory	Indianapolis	Marion
Seward, George W.	N. Manchester	Wabash
Sexson, Hiram T.	Indianapolis	Marion
Seybert, Thomas C.	Indianapolis	Marion
Seyler, Anna G. (S)	La Verne, Calif.	Lake
Seymore, Castoria, Jr.	Ft. Benj. Harrison	Marion
Shafer, Marion R.	Indianapolis	Marion
Shafer, Richard H.	Alexandria	Madison
Shaffer, Kenneth L.	Vincennes	Knox
Shaffer, William R.	Greensburg	Henry
Shah, Ajit	Marion	Grant
Shah, Rameshschandra	Munster	Lake
Shahbahrami, Farrokh	Bloomington	Owen-Monroe
Shallenberger, Henry R. (S)	Modoc	Randolph
Shanafelt, Donald K.	Indianapolis	Marion
Shanklin, Jack L.	Vincennes	Knox
Shanklin, Vernon A. (S)	Terre Haute	Vigo
Shanks, Ray W. (S)	Cape Coral, Fla.	Hamilton
Shannon, Wesley E.	Crawfordsville	Montgomery
Shapiro, Burton J.	Indianapolis	Marion
Shapiro, Joseph	Gary	Lake
Shapiro, Seymour W.	Merrillville	Lake
Sharp, Merle C.	South Bend	St. Joseph
Sharp, Thomas W.	Bloomington	Owen-Monroe
Sharp, William L.	Anderson	Madison
Shattuck, John C.	Brazil	Clay
Shaw, Glenn R.	Bluffton	Wells
Shaw, Gordon	East Chicago	Lake
Shaw, Matthew C.	Muncie	Delaware-Blackford
Sheehan, E. Gregg	Evansville	Vanderburgh
Sheehan, Francis G.	Beech Grove	Marion
Sheek, Kenneth I.	Greenwood	Johnson
Sheets, Charles E.	Manilla	Rush
Sheffer, Keith D.	Columbus, S.C.	Marion
Sheldon, Suel A.	Anderson	Madison
Sheller, Tom G.	Logansport	Cass
Shelley, Edward S.	South Bend	St. Joseph
Shelley, Richard J.	Indianapolis	Marion
Shelton, Clyde F.	New Albany	Floyd
Shelton, Philip	Vincennes	Knox
Shepard, Fred F. (S)	College Corner, Ohio	Wayne-Union
Sherer, Kenneth E.	Richmond	Wayne-Union
Sherman, David E.	Lafayette	Tippecanoe
Sherster, Harry	Indianapolis	Marion
Sherwood, Clarence E.	Madison, S.D.	Allen
Sherwood, J. Vincent (S)	Seminole, Fla.	Allen

Name	City	County
Sherwood, Robert W.	Evansville	Vanderburgh
Shetty, Dayananda	Munster	Lake
Shevick, Alexander	Valparaiso	Porter
Shields, Duncan M.	Chesterton	Porter
Shields, Jack E.	Brownstown	Jackson-Jennings
Shields, Tom S.	Richmond	Wayne-Union
Shina, Hassi	Charlestown	Clark
Shinabery, L. (S)	Fort Wayne	Allen
Shinn, Gloria L.	Bluffton	Wells
Shipley, Edward	Indianapolis	Marion
Shirazi, Enayat K.	Richmond	Wayne-Union
Shively, John L.	Lafayette	Tippecanoe
Shively, Kenneth	Bluffton	Wells
Shoemaker, Richard L.	Gas City	Grant
Sholty, William M.	Lafayette	Tippecanoe
Short, John A.	Richmond	Wayne-Union
Short, John T. (S)	Fort Wayne	Allen
Showalter, John R.	Terre Haute	Vigo
Shriber, William H.	South Bend	St. Joseph
Shriner, Richard L.	South Bend	St. Joseph
Shriner, Philip O.	Fort Wayne	Allen
Shriner, William C.	Terre Haute	Vigo
Shrock, Ethan E.	Amboy	Grant
Shroyer, Herbert L.	Bluffton	Wells
Shuck, William A.	Madison	Jefferson-Switzerland
Shuck, William A., Jr.	Marion	Grant
Shugart, Robert R.	Fort Wayne	Allen
Shulruff, Harry I.	East Chicago	Lake
Shultz, Clifford	Butler	DeKalb
Shumacker, Harris B., Jr.	Indianapolis	Marion
Sibbitt, Joseph W.	Bloomington	Owen-Monroe
Sicks, Okla W. (S)	Syracuse	Marion
Sidebottom, Earl W.	Indianapolis	Marion
Sidel, Alan W.	Fort Wayne	Allen
Sidell, James P.	New Haven	Allen
Siderys, Harry	Indianapolis	Marion
Siebe, Jack C.	Indianapolis	Marion
Siebenmorgen, Paul	Terre Haute	Vigo
Siegel, Lyle P.	Evansville	Vanderburgh
Siekierski, Joseph M.	Griffith	Lake
Sigmond, Harvey W.	Indianapolis	Marion
Sigmund, William B.	Columbus	Barth.-Brown
Silbert, David B.	Shelbyville	Shelby
Silver, Richard A.	Indianapolis	Marion
Silverman, Norman M.	Terre Haute	Vigo
Silvero, Hubert L.	Fort Wayne	Allen
Silvers, Michael	N. Manchester	Wabash
Simmons, Frederick H.	Marion	Grant
Simmons, James E.	Indianapolis	Marion
Simms, James Leon	Indianapolis	Marion
Sims, J. Lawrence	Indianapolis	Marion
Sims, Larry W.	Evansville	Vanderburgh
Sinchai, Pravit	Gary	Lake
Singco, Bienvenido	Greenfield	Hancock
Sinkovic, Gerald M.	Indianapolis	Marion
Sinn, Charles M.	Evansville	Vanderburgh
Sirlin, Edward M.	Fort Wayne	Allen
Sirugo, Aldo C.	La Porte	La Porte
Sison, Edwardo V.	Valparaiso	Porter
Sison, Rose D.	Terre Haute	Vigo
Sison, Vicente G.	Terre Haute	Vigo
Sisson, Norvel D.	South Bend	St. Joseph
Sixbey, Maurice D.	Denver	Miami
Skaggs, Homer, Jr.	Evansville	Vanderburgh
Skillern, Scott D.	South Bend	St. Joseph
Skomp, Claud E.	Marion	Grant
Slama, George F.	Merrillville	Lake
Slama, John T.	Merrillville	Lake
Slaughter, Howard C.	Evansville	Vanderburgh
Slaughter, John C., Jr.	Evansville	Vanderburgh
Slaughter, Owen L.	Evansville	Vanderburgh
Slichenmyer, Jack E.	Indianapolis	Marion
Slick, Crystal R.	Winchester	Randolph
Sloan, W. Keith	Madison	Jefferson-Switzerland
Sluss, David H. (S)	Indianapolis	Marion
Small, George R.	Greenwood	Johnson
Small, Iver F.	Indianapolis	Marion
Smith, A. Wilson	Columbus	Putnam
Smith, Barton T.	Marion	Grant
Smith, C. Curtis	Fort Wayne	Allen
Smith, Charles F.	Kokomo	Howard
Smith, David E.	Indianapolis	Marion
Smith, David L. (S)	Indianapolis	Marion
Smith, Evrett E.	Marion	Grant
Smith, Fred, Jr.	Tell City	Perry
Smith, Gordon L.	Evansville	Vanderburgh
Smith, H. Charles	Bluffton	Wells
Smith, Herschel S.	Bloomington	Owen-Monroe
Smith, James W.	Indianapolis	Marion
Smith, Jerald E.	Munster	Lake
Smith, Jerrold R.	Indianapolis	Marion
Smith, John A.	Indianapolis	Marion
Smith, John H.	Greenfield	Hancock
Smith, Lee	South Bend	St. Joseph
Smith, LeRoy A.	Michigan City	LaPorte
Smith, Lloyd H.	N. Manchester	Wabash
Smith, Lowell C.	Lafayette	Tippecanoe
Smith, Mark E.	New Castle	Henry
Smith, Philip L.	Fort Wayne	Allen
Smith, Ralph O.	Vincennes	Knox
Smith, Ray C., Jr.	Indianapolis	Marion
Smith, Richard N.	Indianapolis	Marion
Smith, Robert D.	Lowell	Lake
Smith, Roger C.	Fort Wayne	Allen
Smith, Roy Lee (S)	Indianapolis	Marion
Smith, Roy M., Jr.	Evansville	Vanderburgh
Smith, Theodore J. (S)	Sarasota, Fla.	Lake
Smith, Victoria T.	Oakmont, Pa.	Marion
Smitley, Roger P.	Munster	Lake
Smucker, Ernest E.	Goshen	Elkhart
Smyrniotis, Frank E.	Marion	Grant
Sneary, Max E.	Avilla	Noble
Snider, Byron (S)	Escondido, Calif.	Marion
Snider, Donald	Vincennes	Knox

Name	City	County
Snider, Roland	Warsaw	Kosciusko
Snively, William D., Jr.	Evansville	Vanderburgh
Snodgrass, Robert E.	Indianapolis	Marion
Snowhite, Arthur B.	Marion	Grant
Snyder, Clarence E.	Washington	Daviess-Martin
Snyder, Morris C.	Richmond	Wayne-Union
Snyder, Parker W.	Peru	Miami
Snyder, Richard J.	Muncie	Delaware-Blackford
Snyderman, Sanford C.	Fort Wayne	Allen
So, James	Chicago, Ill.	Lake
Sobat, William S.	Indianapolis	Marion
Sobol, Z. W.	South Bend	St. Joseph
Sokol, Allen B.	Highland	Lake
Solis, Roger V.	Hammond	Lake
Somani, Indra K.	Gary	Lake
Somerville, John W.	Clinton	Parke-Vermillion
Sonne, Irvin H., Jr.	New Albany	Floyd
Soper, Hunter A.	Indianapolis	Marion
Sorg, David A.	Fort Wayne	Allen
Sorkin, Sheila	Valparaiso	Porter
Sorrells, George W.	Bedford	Lawrence
Sotolongo, Eladio	Indianapolis	Marion
Souder, Bonnell M. (S)	Auburn	De Kalb
Soule, Mary A.	Indianapolis	Marion
Souter, Martha C. (S)	Indianapolis	Marion
South, Dale R., Jr.	Elkhart	Elkhart
South, Terry A.	Evansville	Vanderburgh
Sovine, Joe W.	Woodburn	Marion
Sowa, Elizabeth	Evansville	Vanderburgh
Sowa, Ronald W.	Evansville	Vanderburgh
Spahr, Donald E.	Sarasota, Fla.	Jay
Spahr, John F., Jr.	Indianapolis	Marion
Spain, W. Thomas	Evansville	Vanderburgh
Spalding, David L.	Mishawaka	St. Joseph
Spalding, Joseph J.	Indianapolis	Marion
Spalding, Wendell L.	Mishawaka	St. Joseph
Spangler, Jesse S. (S)	Kokomo	Howard
Sparks, Alan L. (S)	Indianapolis	Marion
Sparks, Paul W.	Winchester	Randolph
Spears, John K.	Paoli	Orange
Spears, John M.	Indianapolis	Marion
Speas, Robert C.	Terre Haute	Vigo
Speck, Carlson R.	Muncie	Delaware-Blackford
Spellmeyer, John C.	Richmond	Wayne-Union
Spencer, Beaufort A.	Bloomington	Owen-Monroe
Spencer, Frederic	Vincennes	Knox
Spencer, C. Herbert	Fort Wayne	Allen
Speybroeck, Robert C.	South Bend	St. Joseph
Spindler, Richard G.	Howe	LaGrange
Spindler, Robert D.	Shelbyville	Shelby
Spitzberg, Daniel H.	Indianapolis	Marion
Spivack, Mary (S)	Van Nuys, Calif.	Lake
Spolyar, Louis W.	Indianapolis	Marion
Spray, Page E.	Elkhart	Elkhart
Sprecher, Herman C.	Evansville	Vanderburgh
Sprecher, James J. J.	La Porte	La Porte
Springstun, George H. (S)	Oaktown	Knox
Springstun, Walter R.	Evansville	Vanderburgh
Spurgeon, Charles H.	Indianapolis	Marion
Spurlock, Fae H.	W. Lafayette	Tippecanoe
Sputh, Carl B., Jr.	Indianapolis	Marion
Sri-Utayopas, Prasit	Munster	Lake
Sroka, Stanley J.	Highland	Lake
Stadler, Harold E.	Indianapolis	Marion
Stafford, William C.	Plainfield	Hendricks
Stahl, Edward T.	Lafayette	Tippecanoe
Stallings, Hugh A.	Evansville	Vanderburgh
Stallman, Carl F.	Kendallville	Noble
Stalter, Gaylord W.	North Webster	Whitley
Stamper, Joseph H. (S)	Anderson	Madison
Stamper, Robert J.	Anderson	Madison
Stangle, William J.	Bloomington	Owen-Monroe
Stanley, John R.	Muncie	Delaware-Blackford
Stanley, Robert G.	Fort Wayne	Allen
Stansbury, William E.	Indianapolis	Marion
Stark, William A.	Michigan City	La Porte
Starks, William O.	Anderson	Madison
Stasick, Murray	Hammond	Lake
Stauffer, Dwight L.	Bluffton	Wells
Stauffer, George E.	Mooreland	Henry
Stauffer, Richard C.	Fort Wayne	Allen
Staunton, Henry A.	South Bend	St. Joseph
Stayton, Chester A., Jr.	Beech Grove	Marion
Steckbeck, Robert L.	Bluffton	Wells
Stecy, Peter	Whiting	Lake
Steele, Everett B.	Crown Point	Lake
Steele, Hugh H.	Lafayette	Tippecanoe
Steele, Lowell R.	Bloomington	Morgan
Steen, Lowell H.	Hammond	Lake
Steffen, Julius T. (S)	Wabash	Wabash
Steffy, Ralph M.	Portland	Jay
Steger, Byron L.	Indianapolis	Marion
Steichen, James B.	Lawton, Okla.	Marion
Steigmeyer, David J.	Fort Wayne	Allen
Stein, Richard H.	Vincennes	Knox
Steinem, Joseph L.	Connersville	Fayette-Franklin
Steinmetz, Edward F.	Indianapolis	Marion
Stephens, Donald E.	Indianapolis	Marion
Stephens, James P.	Crawfordsville	Montgomery
Stephens, Kuhrman H.	Indianapolis	Marion
Stephens, Lowell R.	Covington	Fountain-Warren
Stephens, Robert W.	Muncie	Delaware-Blackford
Stephens, Susan	Muncie	Delaware-Blackford
Stepleton, John D.	Richmond	Wayne-Union
Stern, Mona K.	Gary	Lake
Stern, Samuel L. (S)	Sarasota, Fla.	Lake
Sterne, John H.	Evansville	Vanderburgh
Steury, Ernest M.	Berne	Marion
Steussy, Calvin N.	New Castle	Henry
Stevens, Adam C.	Kendallville	Wells
Stevens, Edwin W.	Munster	Lake

Name	City	County
Stevens, Sydney L.	Indianapolis	Marion
Stevenson, Jerry L.	Anderson	Madison
Steward, Paul W.	Cedar Lake	Lake
Stewart, J. Frank W.	Vincennes	Knox
Stewart, L. Ray	Evansville	Vanderburgh
Stier, Paul L.	Fort Wayne	Allen
Stilwell, Barbara	Indianapolis	Marion
Stilwell, William R.	Richmond	Wayne-Union
Stimson, Harry	South Bend	St. Joseph
Stine, Marshall E.	Bremen	Marshall
Stinson, William M.	Anderson	Madison
Stiver, Daniel D.	South Bend	St. Joseph
Stoelting, J. Lewis	Terre Haute	Vigo
Stoelting, Robt. K.	Indianapolis	Marion
Stoelting, Vergil K.	Indianapolis	Marion
Stogdill, William J.	South Bend	St. Joseph
Stogsdill, Willis W.	Indianapolis	Marion
Stoller, Harry J.	South Bend	St. Joseph
Stoller, Leon J.	Evansville	Vanderburgh
Stoltz, Robert M.	Valparaiso	Porter
Stoltzfus, Glenn B.	Goshen	Elkhart
Stolz, Thomas J.	W. Lafayette	Benton
Stone, Alvin T.	Indianapolis	Marion
Stone, David F.	Port Charlotte, Fla.	Marion
Stone, Robert C.	Ligonier	Noble
Stone, William M.	Indianapolis	Marion
Stoner, Harold E.	Bloomington	Owen-Monroe
Stookey, Richard D.	Hobart	Lake
Stoops, Jean T.	Wabash	Wabash
Storer, William R.	Indianapolis	Marion
Storey, D. Edmund	Indianapolis	Marion
Stork, Harvey K. (S)	Huntingburg	Dubois
Stouder, Albert E.	Kempton	Tipton
Stouder, Stephen R.	Indianapolis	Marion
Stout, Francis E.	Muncie	Delaware-Blackford
Stout, Harry T.	Frankfort	Clinton
Stovall, Alfred	Fort Wayne	Allen
Stover, Marvin C., III	Munster	Lake
Strang, William C.	Indianapolis	Marion
Strange, Paul S.	Indianapolis	Marion
Stratigos, Joseph S.	South Bend	St. Joseph
Strayer, Joseph W. (S)	Lafayette	Tippecanoe
Strecker, William L.	Terre Haute	Vigo
Streepey, Jefferson I.	New Albany	Floyd
Streeter, Ralph T.	Indianapolis	Marion
Stribling, James L.	Columbus	Bartholomew-Brown
Stricker, Paul J.	New Castle	Henry
Strehler, Don A.	Bluffton	Wells
Strickland, James W.	Indianapolis	Marion
Strickland, Neil R.	Indianapolis	Marion
Stringer, Drennon D.	Mishawaka	St. Joseph
Strueh, Paul E.	Evansville	Vanderburgh
Stubbins, William M.	Elkhart	Elkhart
Stucky, Elsworth K.	Indianapolis	Marion
Stucky, Jerry L.	Fort Wayne	Allen
Studebaker, Lloyd R.	LaGrange	LaGrange
Stump, Loyd K.	Indianapolis	Marion
Stump, Thomas A.	Indianapolis	Marion
Stumpf, Edwin E.	New Haven	Allen
Stuntz, Edgar C.	Lafayette	Tippecanoe
Sturdevant, Frank M.	Portage	Porter
Sturgis, Donald G.	Sellersburg	Clark
Suelzer, John G.	Indianapolis	Marion
Suess, Robert E.	Indianapolis	Marion
Sugarman, Donald R.	Fort Wayne	Allen
Sulit, Severino T.	Hartford City	Delaware-Blackford
Sullivan, James J.	Indianapolis	Marion
Sullivan, Robert E.	Fort Wayne	Allen
Summerlin, Jack D.	Indianapolis	Marion
Sun, Chen T.	Hebron	Porter
Surian, Michael A.	Bloomington	Owen-Monroe
Surratt, Mary Norris	Indianapolis	Marion
Sutton, William E.	Indianapolis	Marion
Suwanilai, Charoen	East Chicago	Lake
Suzuki, Tsutomu T.	Covington	Fountain-Warren
Swaim, J. Franklin	Rockville	Parke-Vermillion
Swan, John R.	Indianapolis	Marion
Swan, Robert E.	Evansville	Vanderburgh
Swank, Lucretia R.	Elkhart	Elkhart
Swearingen, Alfred G.	Fort Wayne	Allen
Sweeney, Robert M.	South Bend	St. Joseph
Swihart, Danny D.	Elkhart	Elkhart
Swihart, John J.	Argos	Marshall
Sylbert, Philip	South Bend	St. Joseph
Symmes, Alfred T.	Indianapolis	Marion
Szanto, Philip A.	Munster	Lake
Szumilas, Peter P.	Anderson	Madison
Szynal, John S.	Indianapolis	Marion

T

Tabaka, Francis B.	La Porte	La Porte
Tadatada, Victor J.	Salem	Washington
Talbert, Pierre C.	Bluffton	Wells
Talbott, Dan E. (S)	Indianapolis	Marion
Talley, Terry W.	Evansville	Vanderburgh
Tan, Eugenio N.	Bedford	Lawrence
Tan, Manuel	Fort Wayne	Allen
Tanner, Martha J.	Bedford	Lawrence
Tanrikulu, Oran	Hammond	Lake
Tapley, Dwight L.	South Bend	St. Joseph
Taraba, Ralph W.	Bloomington	Owen-Monroe
Tarry, Kirby B.	Indianapolis	Marion
Tate, Elizabeth	Dunkirk	Jay
Tate, James A.	Kokomo	Howard
Tate, Thomas D.	Fort Wayne	Shelby
Taube, Jack I.	Indianapolis	Marion
Taube, Robert R.	Connersville	Fayette-Franklin
Tavel, Morton E.	Indianapolis	Marion
Taylor, Clifford C. (S)	Indianapolis	Marion
Taylor, Donald R.	Muncie	Delaware-Blackford
Taylor, Everett C.	Upland	Grant
Taylor, Frederic W. (S)	Indianapolis	Marion
Taylor, Harold F.	Indianapolis	Marion
Taylor, James A.	Anderson	Madison

Name	City	County
Taylor, James D.	Valparaiso	Porter
Taylor, John R.	Palestine, Ill.	Sullivan
Taylor, M. Reed, Jr.	Howe	LaGrange
Taylor, Robert G.	Fort Wayne	Allen
Taylor, Willis D.	Indianapolis	Marion
Teaboldt, George A., Jr.	Logansport	Cass
Teague, Frank W.	Beech Grove	Marion
Teal, Dorothy D. (S)	Columbus	Bartholomew-Brown
Teegarden, Joseph A., Jr.	East Chicago	Lake
Teixler, Victor A.	Indianapolis	Marion
Templeton, Ian S.	Seymour	Jackson-Jennings
Templin, David B.	Lowell	Lake
Tennant, David L.	Fort Wayne	Allen
Terrill, Richard W.	Fort Wayne	Allen
Terry, Lloyd S.	Danville	Hendricks
Terry, Robert H.	Boonville	Warrick
Test, Charles E.	Indianapolis	Marion
Tetalman, Marc R.	Munster	Lake
Teter, George V.	Indianapolis	Marion
Tether, Joseph E.	Indianapolis	Marion
Tetrick, Lain	Portage	Porter
Tharp, Donald W.	Muncie	Delaware-Blackford
Tharp, John D.	Muncie	Delaware-Blackford
Thatcher, Hugh K., Jr.	Indianapolis	Marion
Thayer, Benet W.	North Vernon	Jackson-Jennings
Thoman, Rex L.	Indianapolis	Marion
Thomas, Andrew C.	Greenfield	Hancock
Thomas, Antoinette	Vincennes	Knox
Thomas, Charles R.	Indianapolis	Marion
Thomas, Clayton	Noblesville	Hamilton
Thomas, Daniel D.	Gary	Lake
Thomas, E. Paul	Indianapolis	Marion
Thomas, Fred A. (S)	Indianapolis	Marion
Thomas, Gerald J.	Gary	Lake
Thomas, John R.	Fort Wayne	Allen
Thomas, Lowell I.	Indianapolis	Marion
Thomas, Michael H.	Indianapolis	Marion
Thomas, Morris E.	Indianapolis	Marion
Thompson, B. Jay	Marion	Grant
Thompson, Claude N.	Waynetown	Montgomery
Thompson, John M.	South Bend	St. Joseph
Thompson, John V.	Pompano Beach, Fla.	Marion
Thompson, Joseph F.	Indianapolis	Marion
Thompson, Paul D.	Indianapolis	Marion
Thompson, Robert A.	South Bend	St. Joseph
Thompson, Samuel R.	Fort Wayne	Allen
Thompson, Walter T.	Jeffersonville	Clark
Thompson, Wayne H.	Indianapolis	Marion
Thompson, Wm. R.	Winamac	Pulaski
Thong, Siong H.	Fort Wayne	Allen
Thornton, Harold C. (S)	Indianapolis	Marion
Thornton, Maurice J. (S)	South Bend	St. Joseph
Throop, Frank B.	Indianapolis	Marion
Thupvong, Chawtipya	Gary	Lake
Thupvong, Kosin	Merrillville	Lake
Thurston, Floyd E.	Bloomington	Owen-Monroe
Ticsay, Bienvenido V.	Michigan City	LaPorte
Tierney, William J.	Anderson	Madison
Tiffany, Joseph C.	Merrillville	Lake
Tignor, Sterling P.	Kokomo	Howard
Tiley, George A. (S)	Greenwood	Johnson
Tilka, Edward C.	Hammond	Lake
Tindall, George T.	Indianapolis	Marion
Tindall, William R.	Shelbyville	Shelby
Tinio, Wilfrido M.	Bloomington	Owen-Monroe
Tinsley, Walter B. (S)	Indianapolis	Marion
Tinsley, Walter B., Jr.	Indianapolis	Marion
Tipton, William R.	Greencastle	Putnam
Tirman, Wallace S.	South Bend	St. Joseph
Tisserand, John B., Jr.	Evansville	Vanderburgh
Todd, David D. (S)	LaJolla, Calif.	Elkhart
Tofaute, John L.	Kokomo	Howard
Tomak, Milton E.	Linton	Greene
Tomlin, Hugh M.	Muncie	Delaware-Blackford
Tomlin, Jerrold E.	Jeffersonville	Clark
Tomlinson, Jerry A.	Marion	Grant
Tomusk, August N.	Fort Wayne	Allen
Tondra, John M.	Indianapolis	Marion
Topacio, Conrado S.	Edinburg	Johnson
Topolgus, James N., Jr.	Bloomington	Owen-Monroe
Topolgus, James N.	Bloomington	Owen-Monroe
Topping, Malachi C. (S)	Terre Haute	Vigo
Tord, Jose N.	Indianapolis	Marion
Torrella, Jose A.	Indianapolis	Marion
Torres, Jose	Jeffersonville	Clark
Toumey, Fred L.	Indianapolis	Marion
Toussaint, Linnie F.	Chicago, Ill.	Lake
Tower, James H., Jr.	Shelbyville	Shelby
Tower, Thomas K.	Campbellsburg	Washington
Towles, Jeff H.	Fort Wayne	Allen
Townley, Normand T.	Indianapolis	Marion
Trachtenberg, Lee H.	Munster	Lake
Trainer, Thomas F.	Indianapolis	Marion
Tranter, William F.	Ft. Myers Fla.	Tipton
Trepagnier, Francis B.	Highland	Lake
Trier, Herbert P.	Fort Wayne	Allen
Trimble, John G.	Kokomo	Howard
Trinidad, Amado	Scottsburg	Scott
Tritch, Dan L.	San Antonio, Tex.	Allen
Troeger, Thomas A.	South Bend	St. Joseph
Trout, Carl J. (S)	Lafayette	Tippecanoe
Trout, David J.	Lafayette	Tippecanoe
Troy, Jack M.	Hammond	Lake
Troyer, Dana O.	Goshen	Elkhart
Troyer, Marlin L.	South Bend	St. Joseph
Troyer, Weldon	Goshen	Elkhart
Trudgen, Spencer F.	Indianapolis	Marion

Name	City	County
Trusler, H. Marshall	Indianapolis	Marion
Tuason, Leo B.	Martinsville	Morgan
Tuchman, Joseph H.	Indianapolis	Marion
Tucker, Warren S.	Indianapolis	Marion
Tufekcioglu, Erdogan	Valparaiso	Porter
Tuholski, James M.	Evansville	Vanderburgh
Tunnell, Harry D. III	Fort Wayne	Allen
Turgi, Robert W.	Merrillville	Lake
Turner, Anna G. (S)	Madison	Jefferson-Switzerland
Turner, Harold B. (S)	Bloomfield	Greene
Turner, John P.	Goshen	Elkhart
Turner, Maurice A.	Martinsville	Morgan
Tushan, Fayez S.	Indianapolis	Marion
Tutunji, Nermin D.	South Bend	St. Joseph
Tweedall, Daniel C.	Evansville	Vanderburgh
Tyndall, J. Phillip	Fort Wayne	Allen
Tyner, Harlan H.	Indianapolis	Marion
Tyrrell, Joseph J.	Calumet City, Ill.	Lake
Tyrrell, Thomas C.	Hammond	Lake

U

Ufkes, Herbert C. (D.O.)	N. Judson	Starke
Ullom, Ralph B.	Indianapolis	Marion
Ulrey, Robert P.	Evansville	Vanderburgh
Umphrey, James E.	Bluffton	Wells
Underhill, Gary E.	Evansville	Vanderburgh
Underwood George M.	Lafayette	Tippecanoe
Ungemach, Willo F.	Fort Wayne	Allen
Unzicker, Roger	Middlebury	Elkhart
Urba, Vytautas V.	Munster	Lake
Urbanski, Walter P.	Highland	Lake
Urgeno, Regino B.	Marion	Grant
Urruti, Arnoldo H.	South Bend	St. Joseph
Usunov, Jordon	Crown Point	Lake

V

Valderrama, Hugo	Munster	Lake
Valena, Dominador V.	Muncie	Henry
Valencia, Monico	East Gary	Lake
Valenzuela, Diego C.	Vevay	Jefferson-Switzerland
Valenzuela, Roberto D.	Merrillville	Lake
Valenzuela, Sofia S.	Merrillville	Lake
Van Bokkelen, Robert W.	Mooresville	Morgan
Van Buskirk, Edmund L.	Lafayette	Tippecanoe
Vance, William C.	Terre Haute	Vigo
Van Campen, Warren M.	Indianapolis	Marion
Van Denbark, Howard M.	Kokomo	Howard
Van Den Bosch, Wallace R.	Lafayette	Tippecanoe
Vandertoll, Donald	Munster	Lake
Vandivier, James M.	Indianapolis	Marion
Vandivier, Robert M.	Franklin	Marion
Van Dorn, Myron J.	Indianapolis	Marion
Van Fleet, Josephine	Indianapolis	Marion
Van Fleit, William E.	South Bend	St. Joseph
Van Hove, Eugene D.	Indianapolis	Marion
Van Kirk, John R.	W. Lafayette	Tippecanoe
Van Meter, C. Powell	Indianapolis	Marion
Van Ness, William C.	Summitville	Madison
Van Tassel, Charles J.	Indianapolis	Marion
Van Vactor, Helen D.	Indianapolis	Marion
Van Wienen, John	Martinsville	Morgan
Vaughn, Walter R.	Vincennes	Knox
Veach, Lester W. (S)	Bainbridge	Putnam
Veach, Richard L.	Bainbridge	Putnam
Veach, William L.	Terre Haute	Vigo
Veluz, Mario I.	Gary	Lake
Venables, Albert J.	Evansville	Vanderburgh
Vergara, Abelardo F.	Highland	Lake
Vermilya, Robert W.	Lafayette	Tippecanoe
Victor, Michael G. (D.O.)	Richmond	Wayne-Union
Vieira, Thomas J.	Coatesville	Putnam
Vietzke, Paul C. F. (S)	Valparaiso	Porter
Villa, Florencio C.	Union City	Randolph
Villanueva, Onofre Q.	Fort Wayne	Allen
Vincent, William A.	Evansville	Vanderburgh
Vingis, Bronie A.	Greenfield	Hancock
Vinluan, Teofilo S., Jr.	Marion	Grant
Viray, Victoriano G.	Crawfordsville	Montgomery
Visher, John W. (S)	Evansville	Vanderburgh
Vivian, Donald E.	New Castle	Henry
Vizcarra, Ruben F.	Logansport	Cass
Vlaskamp, Elaine (S)	Muncie	Delaware-Blackford
Vogel, John L.	Columbia City	Whitley
Vogel, Lloyd A., Jr.	Fort Wayne	Allen
Vogel, L. John	Mount Vernon	Posey
Voges, Edward C.	Terre Haute	Vigo
Volan, George J.	Crown Point	Lake
Vollrath, Victor J.	Indianapolis	Marion
von Asch, George	La Porte	La Porte
von der Lieth, Wm. C.	Vincennes	Knox
Von Der Haar, Gerard	Indianapolis	Marion
VonderHaar, Thomas E.	Evansville	Vanderburgh
Voorhees, Robert J.	Fort Wayne	Allen
Voorhies, McKinley	Gary	Lake
Vore, Robert E.	Indianapolis	Marion
Vormohr, Joseph F.	Portland	Jay
Vosika, Edward J.	Terre Haute	Vigo
Voskuhl, William L.	Charlestown	Clark
Voss, Gert	Muncie	Delaware-Blackford
Voyles, Harry E. (S)	New Albany	Floyd

W

Wachob, Tom W., Jr.	Kokomo	Howard
Wack, James E.	South Bend	St. Joseph
Waddell, J. Ronald	Evansville	Vanderburgh
Wade, Reynolds W.	Fort Wayne	Allen
Wagner, Anabel R.	Lafayette	Tippecanoe

Name	City	County
Wagner, Arthur L.	Jasper	Dubois
Wagner, Lindley H.	Lafayette	Tippecanoe
Wagner, Richard	Huntington	Huntington
Wagner, Virginia M.	Indianapolis	Marion
Wagner, William	Plainfield	Hendricks
Wagoner, B. D.	Union City	Randolph
Wagoner, Don J.	Burlington	Carroll
Wagoner, George W.	Delphi	Carroll
Wagoner, J. Edward	Lafayette	Tippecanoe
Wagoner, John R.	Anderson	Madison
Wagoner, Marilyn L.	Burlington	Carroll
Wahle, Wm. M.	Indianapolis	Marion
Waife, S. O.	Indianapolis	Marion
Wainscott, Clinton S., Jr.	Indianapolis	Marion
Waiss, Elaine H.	Munster	Lake
Wait, Jerome H.	Columbia City	Whitley
Waits, Chester L.	Lafayette	Tippecanoe
Waitt, Paul	Noblesville	Hamilton
Waksman, Alberto	Bluffton	Wells
Walerko, Frank	South Bend	St. Joseph
Waldo, Guy H.	Bedford	Lawrence
Waldo, J. Thayer (S)	Indianapolis	Marion
Walker, Adolph P.	Munster	Lake
Walker, Carl D.	Columbus	Bartholomew-Brown
Walker, Edwin M., Jr.	South Bend	St. Joseph
Walker, Floyd B.	Fort Wayne	Allen
Walker, Jack M.	Muncie	Delaware-Blackford
Walker, Robert M.	Bloomington	Owen-Monroe
Walker, Thomas M.	Brownsburg	Hendricks
Wallace, Collins R.	Fort Wayne	Allen
Wallace, Elmer L.	New Albany	Floyd
Walter, Paul A. F. III	Evansville	Vanderburgh
Walter, Robert F.	Evansville	Vanderburgh
Walters, Charles E.	Mishawaka	St. Joseph
Walters, Jack L.	Zionsville	Johnson
Walters, William H.	Michigan City	La Porte
Walthall, Gerald C.	Indianapolis	Marion
Walther, Joseph E.	Indianapolis	Marion
Walton, F. Richard	Rochester	Fulton
Walton, R. Lee	Marion	Grant
Walton, William M.	Indianapolis	Marion
Wambo, John M.	Richmond	Wayne-Union
Wang, Tieh C.	Munster	Lake
Warbinton, Fred P.	Crawfordsville	Montgomery
Ward, Gerald F.	Fort Wayne	Allen
Ward, James W.	South Bend	St. Joseph
Ward, Robert A.	Tell City	Perry
Ward, Wesley C.	Indianapolis	Marion
Ware, John R.	Russiaville	Howard
Warfield, Chester H. (S)	Fort Wayne	Allen
Warn, William J.	Milan	Ripley
Warner, Theodore M. II	Fairfield, Calif.	Marion
Warneke, Charles H.	Indianapolis	Marion
Warren, Carroll B.	Marion	Grant
Warren, John R.	Noblesville	Hamilton
Warren, Robert J.	Richmond	Wayne-Union
Warrick, Francis B.	Richmond	Wayne-Union
Warrick, Homer L. (S)	Edwardsburg, Mich.	St. Joseph
Warriner, James B.	Indianapolis	Marion
Warvel, John H., Jr.	Indianapolis	Marion
Washington, Wilbert	Indianapolis	Marion
Waters, George E.	Indianapolis	Marion
Watson, Leo G.	Kokomo	Howard
Watson, Stephen C.	Indianapolis	Marion
Way, James A.	Bloomington	Owen-Monroe
Waymire, William M.	Franklin	Johnson
Weathers, William T.	Evansville	Vanderburgh
Weaver, Dorothy E.	Indianapolis	Marion
Weaver, Wyatt R.	Angola	Steuben
Webb, Harry D.	Anderson	Madison
Webb, Joan L.	New Castle	Delaware-Blackford
Webb, Lawrence C.	Dana	Parke-Vermillion
Webb, Michael K.	Indianapolis	Marion
Webb, O. Lynn	New Castle	Henry
Weber, Edgar H. (S)	Evansville	Vanderburgh
Weber, Emil L.	Evansville	Vanderburgh
Weber, Steven A.	Franklin	Johnson
Weber, Joseph G. S.	Terre Haute	Vigo
Webster, Paul L.	Lafayette	Tippecanoe
Webster, Robert K.	Brazil	Clay
Weddle, Chas. O.	Lebanon	Boone
Weeks, Patrick H. (S)	Michigan City	La Porte
Wehlage, David F.	South Bend	St. Joseph
Weida, Jerry Mayne	Lafayette	Tippecanoe
Weinbaum, Jack G.	Terre Haute	Vigo
Weinberg, Benjamin A.	Whiting	Lake
Weinland, George C.	Columbus	Bartholomew-Brown
Weir, Rosemary	Muncie	Delaware-Blackford
Weirich, Charles I.	Butler	De Kalb
Weisenberger, Brockton L.	Columbus	Bartholomew-Brown
Weiskopf, Henry S.	Merrillville	Lake
Weisner, Richard M.	Eaton	Delaware-Blackford
Weiss, Albert E.	MiIchigan City	La Porte
Weiss, Louis L.	Anderson	Madison
Weitemier, Raymond A.	Richmond	Wayne-Union
Weitzel, Roland E.	Princeton	Gibson
Welborn, Mell B. Jr.	Evansville	Vanderburgh
Welborn, Mell B.	Evansville	Vanderburgh
Welch, Norbert M.	Vincennes	Knox
Weldy, Bryce P.	Hartford City	Delaware-Blackford
Weller, Ralph D.	Rossville	Clinton
Weller, Wendell A.	Lafayette	Tippecanoe
Wellman, Henry N.	Indianapolis	Marion
Wells, William R.	Princeton	Gibson
Weninger, Donald L.	MiIchigan City	LaPorte
Wenzler, Paul J.	Bloomington	Owen-Monroe
Werry, Leslie E. (S)	Hartford City	Delaware-Blackford

Name	City	County
Wertenberger, Morris D.	Richmond	Wayne-Union
Wesemann, Merrill M.	Franklin	Johnson
West, Joseph L.	Indianapolis	Marion
West, Roger F.	Terre Haute	Vigo
Westfall, B. Kemper	Indianapolis	Marion
Westhaysen, Peter V.	Munster	Lake
Weybright, W. L.	Middlebury	Elkhart
Wheeler, Barth E.	Huntington	Huntington
Wheeler, Byron C.	Terre Haute	Vigo
Wheeler, David E.	Indianapolis	Marion
Wheeler, Edward C.	Indianapolis	Marion
Whitaker, Jack D.	Anderson	Madison
Whitcomb, Roger F.	Shelbyville	Shelby
White, Charles F.	Indianapolis	Marion
White, Donald G.	South Bend	St. Joseph
White, Donald J.	Indianapolis	Marion
White, Douglas H.	Indianapolis	Marion
White, Gilbert H., Jr.	Hammond	Lake
White, Harvey E.	Farmland	Randolph
White, John B., Jr.	Indianapolis	Marion
White, John P., Jr.	Bloomington	Owen-Monroe
White, Thomas R.	Evansville	Vanderburgh
Whitlock, Coleman M., Jr.	Galveston	Cass
Whitlock, Merle E. (S)	Mishawaka	St. Joseph
Wiatt, Leonard H.	New Castle	Henry
Wick, Alfred A.	Fort Wayne	Allen
Wickstrom, Otto W., Jr.	Columbus	Bartholomew-Brown
Widdifield, G. E.	Indianapolis	Marion
Wierzalis, Edward F.	Fort Wayne	Allen
Wiethoff, Clifford A.	Seymour	Jackson-Jennings
Wigh, Russell	Columbus	Bartholomew-Brown
Wigutow, Marcus	Gary	Lake
Wiland, Olin K.	Richmond	Wayne-Union
Wilder, Gordon B. (S)	Anderson	Madison
Wilhelm, Agatha M.	South Bend	St. Joseph
Wilhelm, Guido P.	New Castle	Henry
Wilhelmus, Gilbert M.	Evansville	Vanderburgh
Wilhelmus, Kenneth	Evansville	Vanderburgh
Wilkens, Irvin W.	Indianapolis	Marion
Wilkinson, Roger L.	Anderson	Madison
Willan, Horace R. (S)	Martinsville	Morgan
Willard, Richard	Fort Wayne	LaGrange
Willardo, Albert T.	Hammond	Lake
Willhite, Larry G.	Columbus	Marion
Williams, Alexander S.	Gary	Lake
Williams, Berniece M.	Fort Wayne	Allen
Williams, Carl N.	Gary	Lake
Williams, Earl K.	Logansport	Cass
Williams, Edwin D.	Gary	Lake
Williams, Everett W.	Columbus	Bartholomew-Brown
Williams, Fielding P.	Huntingburg	Dubois
Williams, Francis M.	Anderson	Madison
Williams, Harold W.	Indianapolis	Marion
Williams, Howard S.	Indianapolis	Marion
Williams, Hugh L.	Indianapolis	Marion
Williams, Jack O.	Evansville	Vanderburgh
Williams, James	Indianapolis	Marion
Williams, Paul A.	Rensselaer	Jasper
Williams, Paul D.	Indianapolis	Marion
Williams, Robert D.	Anderson	Madison
Williams, Robert H.	Anderson	Madison
Willis, Charles F.	Evansville	Vanderburgh
Willis, Max	Evansville	Vanderburgh
Willis, Robert L., Jr.	Fort Wayne	Allen
Willison, George W.	Gaston	Delaware-Blackford
Willman, Joe	Clarksville	Clark
Willner, Alan	Auburn	De Kalb
Wilson, David	Evansville	Vanderburgh
Wilson, Douglas J.	Mishawaka	St. Joseph
Wilson, Fred L.	Terre Haute	Vigo
Wilson, Fred Monroe	Indianapolis	Marion
Wilson, Fred M.	Indianapolis	Marion
Wilson, James M.	South Bend	St. Joseph
Wilson, John	Columbia City	Whitley
Wilson, John D.	Evansville	Vanderburgh
Wilson, Ned A.	Marion	Grant
Wilson, Norman K.	Kokomo	Howard
Wilson, Oliver R.	Morgantown	Morgan
Wilson, Orley E. (S)	Elkhart	Elkhart
Wilson, Paul H. (S)	Logansport	Cass
Wilson, Ralph	Evansville	Vanderburgh
Wilson, Roland B.	Fort Wayne	Allen
Wilson, Wymond B.	Mentone	Kosciusko
Win, Tun	Terre Haute	Vigo
Wince, LeLand L.	Muncie	Delaware-Blackford
Wind, Joseph L.	South Bend	St. Joseph
Winter, Donald K.	East Chicago	Lake
Winter, William P.	Martinsville	Morgan
Winters, Peter L.	Indianapolis	Marion
Wirey, Harold R.	Indianapolis	Marion
Wise, Charles L. (S)	Camden	Carroll
Wise, William R.	Indianapolis	Marion
Wiseman, V. Earle (S)	Greencastle	Putnam
Wissman, William L.	Columbus	Bartholomew-Brown
Wixted, John F. (S)	Harbert, Mich.	St. Joseph
Woerner, Jean	Indianapolis	Marion
Woerner, Thomas E.	Indianapolis	Marion
Wohlfeld, Julius B.	Bedford	Lawrence
Wojcik, Ladislas D.	Marion	Grant
Wolf, Harry C.	Indianapolis	Marion
Wolf, Robert A.	Gary	Lake
Wolfe, Morton F.	New Albany	Floyd
Wolfe, Nelson A.	New Albany	Floyd
Wolfram, Don J.	Indianapolis	Marion
Wolverton, George M.	Clarksville	Clark
Woner, John W.	Linton	Greene
Wong, Norman F.	Lafayette	Tippecanoe
Wong, Samuel N.	Hammond	Lake
Wongse-Sanit, Vatchara	Gary	Lake
Wongse-Sanit, Yongyots	Gary	Lake

Name	City	County
Wood, Donald E.	Indianapolis	Marion
Woodall, John	Anderson	Madison
Woodall, Robert L.	Washington	Vanderburgh
Woodard, Abram S., Jr.	Indianapolis	Marion
Woodbury, Clarence R.	Anderson	Madison
Wooden, Thomas F.	Munster	Lake
Woodman, Kenneth S.	Richmond	Wayne-Union
Woods, Arba L. (S)	Owensville	Posey
Woodward, Ben E.	Evansville	Vanderburgh
Woodward, William M.	Chesterton	Porter
Woolery, Richard H.	Bedford	Lawrence
Woolling, Kenneth R.	Indianapolis	Marion
Work, Bruce A.	Frankfort	Clinton
Workman, Barbara E.	Muncie	Delaware-Blackford
Worley, Henry L.	New Albany	Floyd
Worley, Joseph P.	Indianapolis	Marion
Worth, C. Willard	Milroy	Rush
Wrege, Malcolm L.	Indianapolis	Marion
Wright, Cecil S. (S)	Anderson	Madison
Wright, J. Wm., Jr.	Indianapolis	Marion
Wright, J. Wm. III	Indianapolis	Marion
Wu, Stewart	Valparaiso	Porter
Wunsch, Charles M.	Indianapolis	Marion
Wurster, Richard E.	Indianapolis	Marion
Wylie, Robert R.	Hobart	Lake
Wyttenbach, John E. (S)	Indianapolis	Marion

Y

Yacko, Michael L.	Indianapolis	Marion
Yahnke, David G.	Columbus	Bartholomew-Brown
Yale, Charles A.	Fairmount	Grant
Yarling, John L.	Muncie	Delaware-Blackford
Yast, Charles J.	Merrillville	Lake
Yaw, Peter B.	Indianapolis	Marion
Yee, Lucio C., Jr.	Crown Point	Lake
Yegerlehner, Roscoe S.	W. Lafayette	Tippecanoe
Yim, Young S.	Evansville	Vanderburgh
Yingling, Robert J.	Indianapolis	Marion
Ylagan, Luis B.	Valparaiso	Porter
Yocum, Paul S., Sr. (S)	Coral Cables, Fla.	Steuben
Yocum, Paul S., Jr.	Gary	Lake
Yocum, William S.	Gary	Lake
Yoder, Carl J.	Middlebury	Elkhart
Yoder, C. Richard	Elkhart	Elkhart
Yoder, Dewey D. (S)	Pierceton	Whitley
Yoder, Jonathan G.	Middlebury	Elkhart
Yoder, Richard P.	Bluffton	Wells
Yonkman, Gerhard F.	Indianapolis	Marion
Young, C. Curtis, Jr.	Evansville	Vanderburgh
Young, Eusebio C.	Indianapolis	Marion
Young, George M.	Griffith	Lake
Young, Gerald S.	Muncie	Delaware-Blackford
Young, John E.	Indianapolis	Marion
Young, John M.	Indianapolis	Marion
Young, John T.	Indianapolis	Marion
Young, Joseph W.	Greenwood	Johnson
Young, Leon N.	LaPorte	LaPorte
Young, Ralph H. (S)	Goshen	Elkhart
Young, Robert L.	Gary	Lake
Yuhn, Robert B.	Elkhart	Elkhart
Yune, Heun Y.	Indianapolis	Marion

Z

Zahrt, Frank H.	LaPorte	LaPorte
Zalac, Donald A.	Michigan City	LaPorte
Zallen, Stanley G.	Hammond	Lake
Zaring, Byron K.	Columbus	Bartholomew-Brown
Zeier, Francis G.	Evansville	Vanderburgh
Zeiger, Irvin L.	South Bend	St. Joseph
Zeitler, Philip S.	Elkhart	Elkhart
Zell, Evertson H.	Indianapolis	Marion
Zeman, Ruth E.	Indianapolis	Marion
Zerfas, Charles P. A.	Beech Grove	Marion
Zerfas, Phyllis K.	Indianapolis	Marion
Zimmer, Henry J.	Terre Haute	Vigo
Zimmer, John F.	Indianapolis	Marion
Zimmerman, Wm. H.	Syracuse	Elkhart
Zink, Robert O.	Madison	Jefferson-Switzerland
Ziperman, H. Haskell	San Antonio, Texas	Marion
Ziss, Robert C.	Evansville	Vanderburgh
Zivich, John M.	East Chicago	Lake
Zore, Joseph J.	Richmond	Wayne-Union
Zucker, Edward	Merrillville	Lake
Zunker, Heinz O. H.	Evansville	Vanderburgh
Zweig, Elmer S.	Fort Wayne	Allen
Zwick, Harold F.	Decatur	Adams
Zwickel, Ralph E.	Evansville	Vanderburgh
Zydlo, Stanley M.	Wheeling, Ill.	Wabash

HONORARY MEMBERS

Ansbacher, Stefan, Sc.D., Marion.
Murray, Dwight, M.D., Napa, Calif.
Rhoads, Paul S., M.D., Richmond
Twyman, John B., Merrillville
Waggener, James A., Executive Secretary, Indianapolis.

MEDICAL SPECIALTIES

The following Specialties, including General Practice, are recognized by the American Medical Association:

ADM	Administrative Medicine
A	Allergy (sub-specialty of Internal Medicine)
ANES	Anesthesiology
AM	Aviation Medicine (special field of Preventive Medicine)
CD	Cardiovascular Disease (sub-specialty of Internal Medicine)
CHP	Child Psychiatry (sub-specialty of Psychiatry)
D	Dermatology
DR	Diagnostic Roentgenology (special field of Radiology)
FOP	Forensic Pathology (special field of Pathology)
FP	Family Practice
GE	Gastroenterology (sub-specialty of Internal Medicine)
GP	General Practice
GPM	General Preventive Medicine (special field of Preventive Medicine)
GS	General Surgery
IM	Internal Medicine
NS	Neurological Surgery
N	Neurology
OBG	Obstetrics and Gynecology
OM	Occupational Medicine (special field of Preventive Medicine)
OPH	Ophthalmology
ORS	Orthopedic Surgery
OTO	Otolaryngology
PATH	Pathology
PD	Pediatrics
PDA	Pediatric Allergy (sub-specialty of Pediatrics)
PDC	Pediatric Cardiology (sub-specialty of Pediatrics)
PMR	Physical Medicine and Rehabilitation
PR	Proctology
PS	Plastic Surgery
P	Psychiatry
PH	Public Health (special field of Preventive Medicine)
PUD	Pulmonary Diseases (sub-specialty of Internal Medicine)
R	Radiology
SR	Scientific Research
TR	Therapeutic Radiology (special field of Radiology)
TS	Thoracic Surgery
U	Urology
00	Unspecified (retired, not in practice, no specialty reported)

ROSTER OF MEMBERS BY COUNTIES

Physicians are listed in the county medical society in which they hold membership. The office address is given unless the ISMA has been notified to change an address for mailing purposes to the physician's home. (Paid-up members of the Indiana State Medical Association as of May 1, 1974.)

ADAMS COUNTY

BERNE

(*Zip Code* 46711)

Beaver, Norman E. 165 W. Water St. (GP)
Boze, Robert L. 265 W. Water St. (GP)
Dester, Herbert E. (S) .. 424 Compromise St. (GP)
Nelson, Delbert W. Jr. 265 W. Water St. (A)

DECATUR

(*Zip Code* 46733)

Burk, James M. 115 N. Third St. (GP)
Carroll, John C. 226 S. Second St. (GP)
Doan, John E. 222 S. Second St. (GP)
Girod, Arthur H. 203 N. 12th St. (GP)
Lee, Hyung Soo T. 227 S. Second St. (00)
Parrish, Richard K. 238 S. Second St. (OPH)
Reppert, Roland L. 222 S. Second St. (GP)
Rich, Norval S. 230 S. Second St. (GP)
Zwick, Harold F. 227 S. Second St. (GP)

ALLEN COUNTY

FORT WAYNE

(*Zip Code* 468 *plus zone number*)

A

Acker, Herbert K. .. 3610 Brooklyn Ave. (07) (GP)
Adams, E. Wade 3124 E. State Blvd. (05) (PD)
Ahlbrand, Roland C. ..4820 Chaucer Rd. (05) (GP)
Aiken, Arthur F. 3010 E. State Blvd. (05) (GP)
Aiken, Nevin E. 4321 Goshen Rd. (05) (GP)
Aldred, Allen W. ..3024 Fairfield Ave. (07) (PATH)
Anderson, Ernest ..4349 S. Anthony Blvd. (06) (GP)
Anderson, Garland D. ..5110 N. Clinton (05) (GP)
Andrew, Jerald L. ..5717 S. Anthony Blvd. (06) (GP)
Arata, James A. 2802 E. State Blvd. (05) (R)
Arata, Justin E. 3124 E. State Blvd. (05) (GS)
Ashman, William C. ..2828 Fairfield Ave. (07) (PD)

B

Bahr, Robert E. 3217 Lake Ave. (05) (GP)
Bailey, Paul P. (S) ..1840 Pemberton Drive (05) (U)
Ball, John R. 108 Three Rivers East (02) (GS)
Ball, Margaret Jane .13434 Aboite Center Rd. (ADM)
Baltes, Joseph H. 821 Broadway (02) (GP)
Barch, John W. ..1301 S. Harrison St. (02) (ADM)
Bash, Stephen E. 2828 Fairfield Ave. (07) (PD)
Bash, Wallace E. 2828 Fairfield Ave. (07) (PD)
Bauman, Richard L. 700 Broadway (02) (R)
Baumgartner, Jeraldine .515 W. Wayne St. (02) (GP)
Bayazit, Lutfi Y. 801 E. State Blvd. (05) (IM)
Beams, Ralph H.
715 Medical Center Bldg. (02) (OPH)
Becker, Lowell E. 5800 Fairfield Ave. (07) (P)
Beierlein, Karl M. (S) 2716 Butler Rd. (00)
Beights, Raymond S. .2200 Randalia Drive (05) (GP)
Berckmueller, David E. .5010 Riviera Ct. (25) (OPH)
Berghoff, James R. 3702 Rupp Dr. (05) (GP)
Beutler, Theodore V. 527 W. Berry St. (02) (U)
Bierman, Gilbert H. 717 Broadway (02) (ORS)
Billingsley, John S. 2828 Fairfield Ave. (07) (R)
Bixler, James A. 3030 Lake Ave. (05) (OPH)
Blichert, Peter A.
104 Three Rivers East (02) (OBG)
Bolander, James E. 3217 Lake Ave. (05) (GP)
Bollheimer, Don A.
623 Medical Center Bldg. (02) (OPH)
Bossard, John W.
Lake-Maycrest Med. Bldg. (05) (NS)
Bower, Richard E. ...3610 Brooklyn Ave. (07) (GP)
Bowers, Gah T.
3000 Circumurban Blvd. (05) (ADM)
Bowers, George W. 2828 Fairfield Ave. (07) (U)
Bowers, Jesse W. (S)
1830 Forest Park Blvd. (05) (00)
Brandt, William E. 618 W. Berry St. (02) (GS)
Braunlin, Robert J. 5110 N. Clinton (05) (OTO)
Bridges, William L.
520 Medical Center Bldg. (02) (R)
Bromley, Luman W.
600 Medical Center Bldg. (02) (ORS)
Brosius, Robert H. W. 1603 Wells St. (08) (GP)
Brown, Garland R. 5522 Hamilton Rd. (09) (R)
Brucker, Perry A.
107 Three Rivers East (02) (PS)
Bryan, Franklin A.
700 Indiana Bank Bldg. (02) (IM)
Bucholz, James G. ...2609 Fairfield Ave. (07) (ORS)
Buckner, George D. 1003 Fulton St. (02) (GS)

C

Carr, William B. ..5717 S. Anthony Blvd. (06) (GP)
Cast, William R.
4601 N. Washington Rd. (04) (OTO)
Chambers, Alan R.
103 Three Rivers East (02) (GP)
Chambers, Donald C. .1301 S. Harrison (02) (ADM)
Chase, James A. 1635 Broadway (04) (OM)
Clark, William R. 3622 S. Calhoun St. (07) (GP)
Clark, William R., Jr. ..2828 Fairfield Ave. (07) (IM)
Cochran, Harry A., Jr.
1301 S. Harrison St. (02) (OM)
Conley, John E. (S) 620 W. Berry St. (02) (GP)
Connelly, Jerry 4306 Lake Ave. (05) (GP)
Connelly, Richard D. 4310 Lake Ave. (05) (GP)

Cooney, Charles J. (S) ...527 W. Berry St. (02) (U)
Cottrell, Robert F.
725 Indiana Bank Bldg. (02) (ANES)
Craig, Richard M. 2828 Fairfield Ave. (07) (R)
Cuff, Steve C. 700 W. Berry St. (02) (PD)
Culp, John E. 2828 Fairfield Ave. (07) (IM)
Cummins, Larry E.
1812 Fort Wayne Nat'l Bank (02) (P)

D

Datzman, Richard C.
2722 Roscommon Dr. (05) (R)
Dauscher, Dean D.
5717 S. Anthony Blvd. (06) (GP)
Donesa, Antonio B. 3030 Lake Ave. (05) (NS)
Dormire, Robert D.
520 Medical Center Bldg. (02) (R)
Dunstone, H. Carter
105 Three Rivers East (02) (P)
Dyer, John K. 2822 Fairfield Ave. (07) (IM)

E

Elston, Lynn W. (S) ...7716 S. Hanna St. (06) (00)
Elston, Ralph W. (S) ...2305 Randall Rd. (04) (GS)
Epps, James H. 2330 Beacon St. (05) (ANES)

F

Fahey, Philip J. 1301 S. Harrison (02) (ADM)
Farquhar, John S., Jr. .3610 Brooklyn Ave. (07) (GP)
Felger, T. A. 5717 S. Anthony Blvd. (06) (GP)
Fiacable, Joseph P. 347 W. Berry (02) (P)
Flaherty, Robert A. 2828 Fairfield Ave. (07) (R)
Fox, Richard F. 2828 Fairfield Ave. (07) (R)
Foy, Thomas D. 1104 W. State Blvd. (08) (GP)
Franke, Gordon R. 3010 E. State St. (05) (GP)
Frankhouser, Charles M. A., Jr.
P.O. Box 268 (02) (PATH)
Fullam, Richard G.
725 Indiana Bank Bldg. (02) (ANES)
Furtado, Robert 3030 Lake Ave. (05) (PS)

G

Gallagher, Daniel
725 Indiana Bank Bldg. (02) (ANES)
Garton, Harry W. (S)
6530 Covington Rd., 129-A (04) (00)
Gastineau, David C.
520 Medical Center Bldg. (02) (R)
Gentile, Jonathan Paul ...5110 N. Clinton (05) (GP)
Gerding, William J. 5110 N. Clinton (05) (GP)
Giffin, Charles S.
102 Medical Center Bldg. (02) (OTO)
Gilbert, Alan R. 3030 Lake Ave. (05) (D)
Gize, Raymond W.
520 Medical Center Bldg. (02) (R)
Glassley, Stephen H. ..3010 E. State Blvd. (05) (GP)
Glock, Maurice E.
229 Medical Center Bldg. (02) (IM)
Glock, Steven R. 5050 N. Clinton St. (05) (ORS)
Goebel, Carl W. ..327 W. Creighton Ave. (07) (PD)
Gould, John C. 2424 Fairfield Ave. (07) (OBG)
Graham, George M. ..1126 W. Rudisill (07) (ADM)
Graham, James C. 1834 S. Lafayette (03) (GP)
Green, Robert F. 614 W. Berry St. (02) (P)
Greenlee, Robert L.
227 E. Washington St. (02) (CHP)
Griest, Walter D. ..3024 Fairfield Ave. (04) (PATH)
Griffith, Harold R.
520 Medical Center Bldg. (02) (R)
Gumbert, Jack L. 5010 Riviera Ct. (25) (GS)

H

Hackett, Walter G. ..3610 Brooklyn Ave. (07) (GP)
Haffner, Herman G. (S)
202 E. Jefferson St. (02) (D)
Halaby, Fouad A. 700 W. Berry St. (02) (R)
Haley, Alvin J. 3217 Lake Ave. (05) (GP)
Hall, William R.
725 Indiana Bank Bldg. (02) (ANES)
Haller, Richard C. 3124 E. State Blvd. (05) (N)
Hamilton, Emory D.
725 Indiana Bank Bldg. (02) (ANES)
Hamilton, George M. .3124 E. State Blvd. (05) (IM)
Hansell, Charles E. 2521-8 Abbey Dr. (15) (FP)
Harris, James J. 5717 S. Anthony (06) (GP)
Hasewinkle, August M.
2828 E. State Blvd. (05) (IM)
Hastings, Warren C. 2120 Carew St. (05) (NS)
Hattendorf, Anton P. (S)
716 Medical Center Bldg. (02) (PR)
Havens, Russell E. (S)
725 Indiana Bank Bldg. (02) (ANES)
Herendeen, Thomas L. .3124 E. State Blvd. (05) (GS)
Herrera, Vivencio A. ..1417 N. Anthony (05) (PUD)
Hershberger, Philip G.
2609 Fairfield Ave. (07) (ORS)
Hickman, Donald M. 3217 Lake Ave. (05) (GP)
Hicks, Thomas J.
520 Medical Center Bldg. (02) (00)
Hill, James S. 2828 Fairfield Ave. (07) (PD)
Hillery, Robert L. 5020 Hursh Rd. (25) (GP)
Hoffman, Arthur F.
105 Three Rivers North (02) (ANES)
Hoover, Joseph R. ...3610 Brooklyn Ave. (07) (GP)
Howe, Fordyce L. 2330 Beacon St. (05) (GP)
Hull, DeWayne L. 3030 Lake Ave. (05) (PS)

I

Irmscher, George W.
3411 N. Anthony Blvd. (05) (GS)
Irmscher, Jane M. 2024 Florida Dr. (05) (PD)
Isenogle, Kenneth F. ...3030 Lake Ave. (05) (OTO)

J

Jackson, John F. .5315 Cloverbrook Dr. (06) (ANES)
Jensen, Robert E.
102 Medical Center Bldg. (02) (OTO)
Johnson, Philip J. 5110 N. Clinton (25) (GP)
Johnston, Richard M.
9962 Diebold Rd. (25) (ANES)
Jontz, Joe G. 3124 E. State Blvd. (05) (GS)
Jontz, Richard L. .520 Medical Center Bldg. (02) (R)
Juergens, Richard B. ...1724 Prairie Lane (08) (GP)
Jurgensen, Walter T. ..3610 Brooklyn Ave. (07) (GP)

K

Kachmann, Rudolf 2828 Fairfield Ave. (07) (NS)
Kammeyer, Wm. A. 3217 Lake Ave. (05) (GP)

Karol, Herbert J. ...103 Three Rivers East (02) (U)
Kaufman, Julian R. 3030 Lake Ave., (05) (IM)
Keck, Carleton Allen
2828 Fairfield Ave. (07) (OPH)
Kempler, Norman A.
3124 E. State Blvd. (07) (OPH)
Kent, Richard N.
327 Medical Center Bldg. (02) (IM)
Keyes, Robert C. 131 E. Tillman Rd. (06) (PD)
Kidder, Orva Thurl (S)
Irene Byron Hospital (08) (PUD)
Kilgore, Byron W. ...106 Three Rivers East (02) (P)
Kim, Sung Soo Box 5289 (05) (GS)
Kimbrough, Robert F.
2730 E. State Blvd. (05) (ORS)
Kleifgen, William A. ..446 W. Pontiac St. (07) (GP)
Kleopfer, Ronald G. .5050 N. Clinton St. (05) (ORS)
Klooze, Kenneth W. 3610 Brooklyn (07) (GP)
Knight, Lewis W. ...3124 E. State Blvd. (05) (OBG)
Krueger, John E. ..5717 S. Anthony Blvd. (06) (GP)
Kruse, Walter E. (S) 12101 Lima Rd. (08) (00)

L

Ladig, Donald S. 3610 Brooklyn Ave. (07) (GP)
Laker, Gene C. 2407 Fairoak Dr. (07) (GP)
Laker, Richard J. 2407 Fairoak Dr. (07) (GP)
Lampe, Elfred H. ..2828 Fairfield Ave. (07) (OBG)
LaSalle, William B. ..5050 N. Clinton St. (05) (ORS)
Laycock, Richard M. 6642 St. Joe Rd. (05) (GP)
Lee, John W. 5050 N. Clinton St. (05) (ORS)
Leming, Ben L. 2828 Fairfield Ave. (07) (GS)
Lenk, George G. ..1805 E. Washington St. (04) (GP)
Lloyd, Robert P. 723 Fulton St. (02) (GS)
Logan, Richard S. 3124 E. State Blvd. (05) (D)
Lohman, Robert M. 4017 S. Wayne St. (06) (GP)
Love, Vincent L. 1301 S. Harrison St. (02) (IM)
Luckey, James E.
105 Three Rivers North (02) (ANES)
Lyon, William C. 710 W. Wayne St. (04) (P)
Lyster, Richard F. 3512 Maxim Dr. (05) (ORS)

M

McArdle, Michael L. 2609 Fairfield Ave. (07) (ORS)
McCallister, John W. ..3124 E. State Blvd. (05) (GS)
McCaslin, Dan L. ..1301 S. Harrison St. (02) (OO)
McCoy, Roy R. 3701 S. Harrison St. (07) (GP)
McDowell, George A.
215 Medical Center Bldg. (02) (GP)
McEachern, Cecil G. ..2424 Fairfield Ave. (07) (GS)
Mackel, Frederick O. .2609 Fairfield Ave. (07) (ORS)
Maldia, Godofredo 3030 Lake Ave. (05) (IM)
Mann, Richard E. 3124 E. State Blvd. (05) (P)
Manning, George C. 534 W. Berry St. (02) (NS)
Mastrangelo, Michael J. 2828 Fairfield Ave. (07) (TS)
Mensch, James R.
2120 Forest Park Blvd. (08) (ANES)
Mercer, Samuel R. (S)
710 Medical Center Bldg. (02) (D)
Meyer, Herman A. ...1030 W. Wayne St. (04) (GP)
Meyer, Theodore O.
622 Medical Center Bldg. (02) (OPH)
Michaelis, Stephen C. .3610 Brooklyn Ave. (07) (GP)
Miller, Don E. 2828 Fairfield Ave. (07) (IM)
Miller, Edward D. 3030 Lake Ave. (05) (OPH)
Miller, Orval J. 1810 Kensington Blvd. (05) (GP)
Miller, Richard H. 511 W. Wayne St. (02) (GS)
Miller, Robert B. 3124 E. State Blvd. (05) (OTO)
Miller, Wayne Starr 2828 Fairfield (07) (GS)
Miller, William J. 2828 Fairfield Ave. (07) (IM)
Moats, Carl F. 4007 W. Wayne St. (04) (GP)
Moeller, Victor C. ...2424 Fairfield Ave. (07) (GP)
Morey, Edwin E. ...2828 Fairfield Ave. (07) (OBG)
Morgan, Milton M. 4628 S. Calhoun (07) (GS)
Mortenson, Leland J. (S)
3610 Brooklyn Ave. (07) (GP)
Mueller, Lawrence W.
533 W. Washington Blvd. (02) (OTO)
Munoz, Jose C. 6642 St. Joe Rd. (15) (PD)

N-O

Nelson, James B. 3030 Lake Ave. (05) (IM)
Nill, John H. 5717 S. Anthony Blvd. (06) (GP)
Nolan, Gerald R. ..5717 S. Anthony Blvd. (06) (GP)
Oatman, Jack G. ..710 Indiana Bank Bldg. (02) (P)
O'Brian, John F. 3217 Lake Ave. (05) (GP)
O'Rourke, Carroll (S) .604 W. Berry St. (02) (OPH)

P

Painter, Donald S.
222 Medical Center Bldg. (02) (OBG)
Pan, Charles C. M. 700 Broadway (02) (PATH)
Pancner, Ronald J.
1812 F. Wayne Nat'l Bank Bldg. (02) (P)
Parker, Carey B. (S) .1105 S. Harrison St. (02) (GP)
Parrot, Donald J. 810 W. State Blvd. (08) (GP)
Patterson, Jack W. ...6211 Covington Rd. (04) (GS)
Pearson, Huey L. 2314 S. Hanna (03) (GP)
Perrin, Kermit F. ..2701 S. Anthony Blvd. (06) (GP)
Pickett, Merle E.
725 Indiana Bank Bldg. (02) (ANES)
Popp, Milton F. 3148 Parnell (05) (GS)
Powell, M. Jack 700 Broadway (04) (R)
Priddy, Marvin E. 5110 N. Clinton (05) (GP)

R

Ramaprakash, H. N. .2828 Fairfield Ave. (07) (OBG)
Rank, William B. 3030 Lake Ave. (05) (U)
Reed, John D. 3124 E. State Blvd. (05) (IM)
Reszel, Paul A. 5050 N. Clinton St. (05) (ORS)
Rhee, Sang K. ..2827 Roscommon Dr. (05) (ANES)
Richards, Alan D. ..5717 S. Anthony Blvd. (06) (GP)
Richardson, Joseph H. .3010 E. State Blvd. (05) (IM)
Rissing, Walter J. 229 W. Berry St. (02) (PR)
Romain, Louis F. 3124 E. State Blvd. (05) (N)
Rousseau, John W. ..3124 E. State Blvd. (05) (OBG)
Rusher, Merrill W.
206 Medical Center Bldg. (02) (OBG)

S

Safirstein, Moises 2330 Beacon St. (05) (ANES)
Sahlmann, Hans (S)
2402 Woodward Ave. (05) (GP)
Salon, Harry W. (S) ..535 West Berry St. (02) (GP)
Salon, Joel W. 604 W. Wayne St. (02) (IM)
Salon, Nathan L. (S) ..604 W. Wayne St. (02) (GP)
Schaab, Eric 131 E. Tillman Rd. (06) (PD)

Scheeringa, Ronald H. .2828 Fairfield Ave. (07) (IM)
Schlademan, Karl R. ...P.O. Box 268, (02) (PATH)
Schleinkofer, Robert M. ..3217 Lake Ave. (05) (GP)
Schloss, Robert P. .701 Three Rivers North (02) (GP)
Schlueter, David P. 2828 Fairfield (07) (U)
Schmidt, Eugene E.
725 Indiana Bank Bldg. (02) (ANES)
Schmoll, Robert J. ...521 W. Wayne St. (02) (OPH)
Schneider, Louis A. 700 Broadway (02) (PATH)
Schoen, Frederic L. .5717 S. Anthony Blvd. (06) (GP)
Schoenhals, Charles E. ..5431 Vance Ave. (05) (GS)
Schubert, Jerome C. ..5110 N. Clinton St. (05) (GP)
Schubert, Philip C. ..6230 Plantation Lane (05) (GP)
Scott, H. Vaughn 801 E. State Blvd. (05) (PD)
Scudder, James P. 3124 E. State Blvd. (05) (U)
Senseny, Eugene F. ...2828 Fairfield Ave. (07) (PR)
Shinabery, Lawerence (S)
212 Three Rivers North (02) (GP)
Short, John T. (S) 2908 Shawnee Dr. (07) (U)
Shriner, Philip O. 3030 Lake Ave. (05) (U)
Shugart, Robert R. ..2609 Fairfield Ave. (07) (ORS)
Sidel, Alan W. 5110 N. Clinton (05) (GP)
Silvero, Hubert L. .1417 N. Anthony Blvd. (05) (GP)
Sirlin, Edward M. 2615 Trier Rd. (05) (PD)
Smith, C. Curtis 5110 N. Clinton (05) (GP)
Smith, Philip L. 2828 Fairfield Ave. (07) (OBG)
Smith, Roger C. 3124 E. State Blvd. (05) (IM)
Snyderman, Sanford C.
102 Medical Center Bldg. (02) (OTO)
Sorg, David A. 2325 Santa Rosa Dr. (05) (IM)
Spencer, C. Herbert
105 Three Rivers North (02) (ANES)
Stanley, Robert G. ...3610 Brooklyn Ave. (07) (GP)
Stauffer, Richard C. .2730 E. State Blvd. (05) (ORS)
Steigmeyer, David J. ..3124 E. State Blvd. (05) (PD)
Stier, Paul L. 721 Broadway (02) (IM)
Stovall, Alfred 332 E. Pontiac (03) (GP)
Stucky, Jerry L. 5110 N. Clinton (05) (GP)
Sugarman, Donald R.
520 Medical Center Bldg. (02) (OO)
Sullivan, Robert E. 3030 Lake (05) (GS)
Swearingen, Alfred G. ..2802 E. State Blvd. (05) (R)

T

Tan, Manuel ..725 Indiana Bank Bldg. (02) (ANES)
Taylor, Robert G. 2828 Fairfield Ave. (07) (IM)
Tennant, David L. 4802 Calumet (06) (GP)
Terrill, Richard W. ..446 W. Pontiac St. (07) (OPH)
Thomas, John R. 347 W. Berry St. (02) (OTO)
Thompson, Samuel R. ..625 W. Berry St. (02) (OPH)
Thong, Siong H. ..725 Ind. Bank Bldg. (02) (ANES)
Tomusk, August N. ...2828 Fairfield Ave. (07) (GS)
Towles, Jeff H. 2513 S. Calhoun St. (06) (GS)
Trier, Herbert P.
2414 Ft. Wayne Nat'l. Bank Bldg. (02) (P)
Tunnell, Harry D. III 3030 Lake Ave. (03) (GS)
Tyndall, J. Phillip ...3124 E. State Blvd. (05) (OBG)

U

Ungemach, Willo F. ..3009 Fairfield Ave. (07) (IM)

V

Villanueva, Onofre Q. 1812 Benham (08) (PD)
Vogel, Lloyd A. 105 Three Rivers North (02) (ANES)
Voorhees, Robert J. 3030 Lake (05) (GS)

W

Wade, Reynolds W. ..3010 E. State Blvd. (05) (OBG)
Walker, Floyd B. 3505 S. Monroe (06) (GP)
Wallace, Collins R.
126 Timber Lane (25) (ANES)
Ward, Gerald F. 3124 E. State Blvd. (05) (U)
Warfield, Chester H. (S)
7024 Forest Wood Dr. (05) (OO)
Wick, Alfred A. 2120 Carew (05) (OPH)
Wierzalis, Edward F. ...2017 Sherman St. (08) (GP)
Williams, Berniece M. ..801 E. State Blvd. (05) (GP)
Willis, Robert L., Jr. ...2828 Fairfield Ave. (07) (R)
Wilson, Roland B. 1207 S. Lafayette (02) (GP)

X-Y-Z

Zweig, Elmer Sam ...2015 Pemberton Dr. (05) (GP)

Pepple, W. David Box 107, Auburn 46706 (GP)
Harshman, Louis P. (S) Wesley Manor, 1555 N. Main St., Frankfort 46041 (OO)
Harvey, Harry C. (S) Methodist Home, Franklin 46131 (GP)
Emme, Richard W. Harlan 46743 (GP)
McAfee, Geo. J. 5082 35th Terrace West Indianapolis 46224 (OO)
Harless, O. Fred 104 Summit, Monroeville 46773 (GP)
Aust, Charles H. 6006 W. Hamilton Rd., Roanoke 46783 (PATH)
Cooper, B. Trent 155 8th St., Roanoke 46783
Miller, Kenneth D. Woodburn 46797 (GP)

Ferguson, Arthur N. (S) ...1935 Golden Rain Road, Rossmoor Manor 3, Walnut Creek, Calif. 94595 (OO)
Rockey, Noah A. (S) 2539 N.E. 26th Terrace, Ft. Lauderdale, Fla. 33305 (GP)
Sherwood, J. Vincent (S) ...1200 102 Ave. N., #125, Seminole, Fla. 33540 (00)
Humphreys, John L. Sr. (S) 55 Highland Rd., Apt. 202, Bethel Park, Pa. 15102 (OO)
Sherwood, Clarence E. R.R. 2, Box 97A Madison, S.D. 57042 (OO)
Tritch, Dan L. ..4114 Spotswood Trail, San Antonio, Tex. 78230 (Resident)
Cook, Ian H. 15 Linnet Way, Pinelands, Cape Province, South Africa (GS)

NEW HAVEN
(Zip Code 46774)

Dahling, Fred W. Dahling Bldg. (GP)
Hoetzer, Eldore M. 502 Henry (GP)
Sidell, James P. 1208 Lincoln Highway E. (GP)
Stumpf, Edwin E. 716 Broadway (GP)

BARTHOLOMEW-BROWN COUNTIES

COLUMBUS
(*Zip Code* 47201)

Able, Walter 2760 25th St. (GP)
Beggs, Lowell F. 832 Washington St. (GS)
Berkshire, Shaffer B., Jr. 2400 E. 17th St. (R)
Brewer, David H. 2780 N. National Road (PD)
Brueggemann, Walter G. 2418 Beam Rd. (OPH)
Bush, Robert .Bartholomew County Hospital (PATH)
Chadwick, Michael J. ...3384 Woodland Pkwy. (FP)
Clay, Eleanor 3402 Grove Pl. (IM)
Cooper, Wm. Earl 2760 25th St. (OTO)
Daugherty, Forest D. 2600 Sandcrest Blvd. (GP)
Davis, Marvin R. (S) 908 Washington (GP)
Dugan, Thomas Doctor's Park (GP)
Echsner, Herman J. Doctor's Park (GP)
Fisher, Walter Scott (S) 422 Ninth St. (OO)
Fortner, Ray E. Doctor's Park (U)
Franz, Sherman G. 2075 Lincoln Park Drive (P)
Frederick, Terry L. Doctor's Park #2 (GP)
Free, Michael W. Doctor's Park #2 (GP)
Fuller, Robert G. Doctor's Park (GP)
Gammell, Lindley L. 602 22nd St. (GP)
Greenwood, Charles W. ...2030 Doctor's Park (IM)
Gregory, David L. 3530 Deerfield Pl. (FP)
Hart, Robert B. 915 Washington (GP)
Hauersperger, Alfred D. 2756 25th St. (OPH)
Hawes, Marvin E. 423 9th St. (GP)
Henry, Alvin L. Doctor's Park (OPH)
Holdread, Jon W. 2075 Lincoln Park Dr. (OO)
Jacobs, E. Robert R.R. #6 (GS)
Kim, C. B. 2780 N. National Road (PD)
Krueger, Robert B. 2739 Central Ave. (GP)
Libbert, E. L. (S) 3985 Offshore Dr. (R)
McCullough, Henry G. ..R.R. 4, Old Indpls. Rd. (GP)
Macy, George W. 2525 Sandcrest Blvd. (GS)
Marr, Griffith R.R. 1 (ANES)
Mohler, Floyd W. 2060 Doctor's Park (ORS)
Moore, Donald C. Box 1480 (OO)
Nelson, Bryan E. 2760 25th St. (GP)
O'Brien, David M. 2400 E. 17th St. (FP)
O'Bryan, Richard B. 2739 Central Ave. (PD)
Overshiner, Lyman (S) 1901 Taylor Rd. (OO)
Pearce, William L. Doctor's Park (OBG)
Pope, W. D. Cummins Engine Co. (OM)
Probst, Edward L. 2760 25th St. (D)
Ranck, Benjamin A. 2600 Sandcrest Blvd. (GP)
Rau, Charles A. 2600 Sandcrest Blvd. (GP)
Reed, Robert G. Jr. .Bartholomew Co. Hosp. (PATH)
Richmond, H. Wayne Cummins Engine Co. (OM)
Ryan, C. David 2040 Doctor's Park (OBG)
Ryan, William J. Doctor's Park (GS)
Sandlin, Donald L. 2530 Sandcrest Blvd. (GP)
Schmitt, Richard K. (S) ..2639 Riverside Drive (GP)
Schneider, Kenneth D. 2760 25th St. (GP)
Sebahar, Duane 2760 25th St. (IM)
Sigmund, William B. 2355 Central Ave. (U)
Stribling, James L. Doctor's Park (OBG)
Teal, Dorothy D. (S) 728 Franklin St. (GP)
Walker, Carl D. 2756 25th St. (GS)
Weinland, George C. R.R. 5, Harrison Lake (P)
Weisenberger, Brockton L.
3640 Woodside Dr. (GP)
Wickstrom, Otto W., Jr. ...2360 National Rd. (ORS)
Wigh, Russell 2767 Lafayette Ave. (R)
Williams, Everett W. 1815 Park Valley Dr. (OO)
Wissman, William L. 2537 Riverside (ANES)
Yahnke, David G. 2040 Doctor's Park (OBG)
Zaring, Byron K. 2419 Riverside Drive (OO)

James, Carroll F. Hope Medical Center, **Hope 47246 (GP)**
Seibel, Robert M. Nashville 47448 (GP)
Holden, Robt. W. R.R. 1, Box 575, Plainfield 46168 (R)

BENTON COUNTY

Leak, Robert H.**Boswell 47921 (GP)**
Coddens, Avery L. Earl Park 47942 (GP)
Miller, Dan T. (S) Fowler 47944 (GP)
McKinney, Donald L. .Box 398 Otterbein 47970 (GP)
Scheurich, Manley Oxford 47971 (GP)
Scheurich, Virgil Oxford 47971 (OO)
Stolz, Thomas J. ..R.R. 1, West Lafayette 47906 (GP)

BLACKFORD COUNTY
(See Delaware-Blackford)

BOONE COUNTY

Schaaf, Alvin D. (S) Jamestown 46147 (GP)

LEBANON
(*Zip Code* 46052)

Boyer, Don W. 1604 N. Lebanon St. (GS)
Coons, John D. (S) 121 Ulen Blvd. (GP)
Coons, Ritchie 303 W. Washington St. (GP)
Fisher, Gerald 324 W. North St. (GP)
Honan, Paul R. 1720 N. Lebanon St. (OPH)
Kern, Clarence G. 1720 N. Lebanon St. (GP)
Lenox, Jack 1202 N. Lebanon St. (GP)
Mukhtar, Fuad A. 1604 N. Lebanon St. (GS)
Porter, John R. 1122 N. Lebanon St. (GP)
Weddle, Charles O. 905 N. Lebanon St. (GP)

Bassett, Margaret A. Thorntown 46071 (GP)
Gregg, Edwin E. Thorntown 46071 (GP)

ZIONSVILLE
(*Zip Code* 46077)

Bailey, Lawrence S. 95 E. Oak St. (OO)
Harvey, Ralph J. (S) 60 S. Main St. (GP)
Jackson, Kathryn A. 10 S. Sixth St. (GP)
Lovett, Harvey D. 100 N. Ninth St. (GP)

BROWN COUNTY
(See Bartholomew-Brown)

CARROLL COUNTY

Wagoner, Don J. Burlington 46915 (GP)
Wagoner, Marilyn L. Burlington 46915 (GP)
Wise, Charles L. (S) Camden 46917 (GP)
Eller, Alvan L. 115 N. Center St., Flora (GP)

DELPHI
(*Zip Code* 46923)

Baker, Eldon E. 110 S. Union St. (GP)
Petry, T. Neal 110 S. Union St. (GP)
Seese, Robert M. 101 W. North St. (GP)
Wagoner, George W. 202 West Main St. (GP)

CASS COUNTY

Whitlock, Coleman M., Jr. 302 E. Jackson St., Galveston 46932 (GP)

LOGANSPORT
(*Zip Code* 46947)

Bailey, Earl W. 212 Fifth St. (GS)
Bean, Joseph S. 1101 Michigan Ave. (R)
Brewer, Robert A. 216 Ninth St. (GP)
Chu, Johnson C. S. Logansport State Hosp. (P)
Eckert, Russell A. 1101 Michigan Ave. (R)
Glendening, Richard L. 8 Chase Park St. (GP)
Hall, Bernard R. P.O. Box 507 (OBG)
Hillis, Lowell J. 718 E. Broadway (GP)
Hochhalter, Marian (S) 2400 Hasty Hyll (GP)
Horning, Richard R. Logansport State Hosp. (P)
Howard, Joseph D. 26th and North St. (GP)
Jones, J. Carl Eastgate Plaza (GP)
Karnafel, Eugene T. Logansport State Hosp. (P)
Mamaril, Blas F. 1001 E. Broadway (GP)
Maschmeyer, Robert H. Logansport State Hospital (P)
Morrical, Russell J. 212 Fifth St. (GP)
Newman, Milton A. ..Logansport State Hospital (GP)
Parker, E. Camille 2500 E. Broadway (OPH)
Parker, Francis W., Jr. 2500 E. Broadway (OPH)
Peddicord, Clifford R. 1101 Michigan Ave. (R)
Pfuetze, Max E. 408 North St. (GS)
Sheller, Tom G. Logansport State Hosp. (P)
Teaboldt, George A., Jr. ..Logansport State Hosp. (P)
Vizcarra, Ruben F. 2716 Northwood Dr. (GP)
Williams, Earl K. 1101 Michigan Ave. (R)
Wilson, Paul H. (S) 422 North St. (GS)

Schalliol, James P. 107 Knapp Bldg., Rochester 46975 (P)
Newcomb, William K. Royal Center 46978 (GP)
Cheng, Sylvia F.
Southeastern Medical Center, Walton 46947 (P)

CLARK COUNTY

Ramos, Leonardo Borden 47106 (GP)

CHARLESTOWN
(*Zip Code* 47111)

Goodman, Eli 807 High St. (GP)
Hover, Galen M. 201 Reynolds St. (OO)
Jones, David H. 935 Water St. (GP)
Shina, Hassi Charlestown Landing Rd. (GP)
Voskuhl, William L. 935 Water St. (GP)

CLARKSVILLE
(*Zip Code* 47131)

Mudd, Joseph P. 815 Eastern Blvd. (GP)
Willner, Alan 630 Eastern Blvd. (GP)
Wolverton, George M. 647 Eastern Blvd. (GP)

Carr, Joseph H. Henryville 47126 (GP)

JEFFERSONVILLE
(*Zip Code* 47130)

Arcangel, Cesar 207 Sparks Ave. (P)
Bizer, Mier A. 1206 N. Spring St. (GP)
Brill, Joseph B. 207 Sparks Ave. (P)
Buehler, George M. 914 Springdale Drive (GP)
Cannon, David R. 1220 Missouri Ave. (R)
Carlberg, Dale L. 226 E. Maple St. (GP)
Clark, William B., Jr. 435 Spring St. (GP)
Corrao, Thomas J. 435 Spring St. (GP)
Cosio, Julio 1206 Spring St. (GP)
Duque, Fausto 207 Sparks Ave. (ANES)
Ely, Cecil W. Clark County Hospital (R)
Forsee, Norman E. 211 E. Market St. (GP)
Fultz, Roy L. 207 Sparks Ave. (GP)
Golden, William Y. 914 Springdale Drive (GP)
Greene, William R. 1220 Missouri Ave. (GP)
Gutman, Gordon R.R. 3 (GS)
Haddad, Rolando 207 W. 13th St. (OO)
Hargett, Herbert P. 438 Spring St. (OPH)
Havens, A. Lyle 207 Sparks Ave. (GP)
Havens, Thomas R. 207 Sparks Ave. (GP)
Heideman, Harry D. 1220 Missouri Ave. (R)
Horlander, Fridolin Gateway Plaza (GP)
Huoni, John S. (S)
1405 Youngstown Shopping Center (GP)
Isler, Nathaniel C. (S) 519 Spring St. (GP)
Jimenez, Pedro 207 Sparks Ave. (ANES)
Johnson, Jerome M. 1428 Gateway Plaza (GP)
Masser, Frances J. 210 Sparks Ave. (PATH)
Matibag, Victor P. 209 Sparks Ave. (N)
Mayhue, H. Wayne 207 Sparks Ave. (OO)
McCloud, L. C. Clark County Hosp. (PATH)
McKechnie, Robert K. 207 Sparks Ave. (GP)
Meyer, Claude J. 207 Sparks Ave. (GP)
Millan, J. L. 209 Sparks Ave. (NS)
Neathamer, Thos. A. Medical Arts Bldg. (GP)
Oca, Clemente F. 207 Sparks Ave. (GS)
Reed, Edsel S. 1220 Missouri Ave. (R)
Riehl, Richard 201 E. Market St. (IM)
Roby, Alma L. 207 Sparks Ave. (PD)
Rudwell, George 207 Sparks Ave. (OTO)
Thompson, Walter T. 1403 Youngstown (GS)
Tomlin, Jerrold E. 1209 Spring St. (ORS)
Torres, Jose 207 Sparks Ave. (GS)

Carney, Joel T. 23637 Park Capri, Calabasas, Calif. 91502 (OO)

SELLERSBURG
(*Zip Code* 47172)

Hines, Kenneth Earle 911 S. Indiana Ave. (GP)
Robertson, Robert E. ...110 S. New Albany St. (GP)
Sturgis, Donald G. 117 S. Indiana Ave. (GP)

CLAY COUNTY

BRAZIL
(*Zip Code* 47834)

Advincula, Luis V. Clay County Hospital (R)
Conrad, Everett L. 1207 E. National Ave. (GP)

Farid, Rahim S. 111 N. Walnut St. (GS)
Froderman, Stanley E. 1207 National Ave. (GS)
Maurer, J. Frank (S) 111 N. Walnut St. (OO)
Maurer, Robert M. 111 N. Walnut St. (GP)
Mehne, Richard G. 3½ E. National Rd. (GP)
Moon, Charles E. 111 N. Walnut St. (GP)
Oehler, Nancy L. 725 S. Forest Ave. (GP)
Oehler, Robert C. 725 S. Forest Ave. (GP)
Sarkar, Dipa 1206 E. National Ave. (PATH)
Shattuck, John C. 11 W. Chestnut St. (OO)
Webster, Robert K. 25 North Beech St. (OO)

Buell, Forrest R. Clay City 47841 (GP)

CLINTON COUNTY

FRANKFORT
(*Zip Code* 46041)

Applegate, Albert E. 1303 S. Jackson St. (GP)
Beardsley, Frank A., Jr. 1201 Oak St. (GP)
Bush, Charles E. 1201 Oak St. (GP)
Dupler, Lee F. 1201 Oak St. (IM)
Dykhuizen, Theodore A. .608 E. Washington St.(GP)
Erdel, Milton W. 2 E. White St. (OTO)
Hammersley, George K 1201 Oak St. (GS)
Hedgcock, Robert A. 259 E. Clinton St. (GP)
Pippenger, Wayne G. 1555 N. Main St. (OO)
Stout, Harry T. 1201 Oak St. (GP)
Work, Bruce A. 1252 S. Jackson (GP)

Weller, Ralph D. Rossville 46065 (GP)

CRAWFORD COUNTY
(See Harrison-Crawford)

DAVIESS-MARTIN COUNTIES

Pierce, William J.
R.R. 1, Bruceville 47516 (PATH)
Rohrer, James R. Elnora 47529 (GP)
Sears, Don A. Odon 47562 (GP)

LOOGOOTEE
(*Zip Code* 47553)

Chattin, Robert E. 304 N.E. 2nd St. (GP)
Lett, Emory B. 404 J. F. Kennedy (GP)

WASHINGTON
(*Zip Code* 47501)

Barrett, James W. 1312 Bedford Rd. (GS)
Blazey, Arthur G. 7 E. Walnut St. (GP)
Chattin, Vance J. 511 E. Main St. (GS)
Hernandez, Antonio V. 401 E. Flora (OBG)
Lindsay, Hamlin B. 511 E. Main St. (GS)
McKittrick, Jack Peoples Bank Bldg. (GP)
McNaughton, L. M. 302 Hill Court (OO)
Norton, Horace O. 511 E. Hefron St. (GP)
Rang, Arthur A. (S) 211 N.E. Ninth St. (OO)
Rang, Robert H. 1312 Bedford Rd. (GS)
Ross, Glenn E. 1307 Bedford Rd. (R)
Schafer, William C. 1312 Bedford Rd. (OTO)
Seat, Marshall H. 1400 Grand Ave. (GP)
Snyder, Clarence E. 300 N.E. 4th St. (ORS)

DEARBORN-OHIO COUNTIES

AURORA
(*Zip Code* 47001)

Baker, Leslie M. 501 Fourth St. (GP)
Lindgren, Ivan T. 223 Mechanic St. (GP)
Martinez, Guillermo Aurora Industrial Park (GS)
Olcott, Charles W. (S) 305 Sunnyside (GP)

McNeely, Matthew J. (S)
Box 35, Dillsboro, 47018 (GP)

LAWRENCEBURG
(*Zip Code* 47025)

Bowen, Gerald T. 209 Fourth St. (GP)
Conrad, Henry W. 370 Bielby Rd. (GP)
Dizon, R. H. Dearborn County Hosp. (ANES)
Frable, Frank L., Jr. 370 Bielby Rd. (GS)
Houston, Fred D. 30 W. High St. (GP)
Morrison, George G., Jr. 209 Fourth Ave (GP)
Pfeifer, James M. 319 Front St. (GP)
Rhodes, Alfred K. 370 Bielby Rd. (OBG)
Scudder, Gary E. 370 Bielby Rd. (GP)

Fessler, Gordon S.
311 Main St., Rising Sun, 47040 (GP)

DECATUR COUNTY

GREENSBURG
(*Zip Code* 47240)

Acher, Robert P. 221 E. Washington St. (FP)
Dickson, Dale D. 333 E. First St. (GP)
Domingo, Ricardo C. Domingo Bldg. (GP)
Duncanes, Arnold D. 215 N. Franklin St. (GP)
Miller, James C. 317 N. Franklin St. (GP)
Morrison, James T. 207 N. Franklin St. GP)
Paje, Alfredo Q. Murphy Bldg. (GP)
Porter, Robert A. Westport 47283 (ANES)

DE KALB COUNTY

AUBURN
(*Zip Code* 46706)

Covell, Harry M. (S) 127 W. 7th St. (GP)
Edwards, J. Robert 903 S. Cedar St. (GS)
Harvey, John C. 405 S. Main St. (GP)
Hathaway, Clayton B., Jr. ..1005 Nicholas St. (GP)
Hathaway, Wm. H. 1005 Nicholas St. (GP)
Hines, John H. 403 Main St. (GP)
Hippensteel, Harland V. 208 W. 7th St. (GP)
Jinnings, Loren E. (S) P.O. Box (GP)
Rogers, Evered E. 212 W. Sixth St. (GP)
Souder, Bonnell M. (S) ...206 W. Seventh St. (GP)
Wills, Max 347 W. Seventh St. (GP)

Schultz, Clifford Butler 46721 (GP)
Weirich, Charles I. Butler 46721 (GP)
Nason, Robert A. 123 E. King St., Garrett 46738 (GP)
Novy, Charles A. VA Hospital, Ft. Wayne 46805 (OO)

Coleman, Floyd B. Waterloo 46793 (GP)
Graber, Benjamin R. Waterloo 46793 (GP)
Hughes, William B. Waterloo 46793 (GP)

Kantzer, Floyd B. (S) 12436 Morrow Ave., N.E., Albuquerque, N.M. 87112 (OO)

DELAWARE-BLACKFORD COUNTIES

Brown, Stewart D. Albany 47320 (GP)
Puterbaugh, Karl E. (S) Albany 47320 (GP)
Hatcher, Charles M. 2530 Sandcrest Dr., Columbus 47201 (FP)
Egger, Ross L. Daleville 47334 (GP)
Hurley, John R. Daleville 47334 (GP)
Rudicel, Max H. R. R. 1, Daleville 47334 (FP)
Weisner, Richard M. R. R. 1, Eaton 47338 (GP)
Ko, Richard C. B. Gaston 47342 (GP)
Willman, Joe R. R. 1, Gaston 47342 (PATH)

HARTFORD CITY

(*Zip Code* 47348)

Dodds, James U. (S) 227 W. Main St. (GP)
Owsley, Guy A. 214 N. High St. (OTO)
Parks, George O. 720 N. Spring St. (GP)
Sulit, Severino T. 603 E. North (GS)
Weldy, Bryce P. 227 W. Franklin St. (OTO)
Werry, Leslie E. (S) 1228 N. High St. (OO)

Burns, Paul E.
119 E. High St., Montpelier 47359 (GS)
Hunsberger, Donald W.
117 W. High St., Montpelier 47359 (GP)
Ingram, Richard
206 S. Main St., Montpelier 47359 (GP)

MUNCIE

(*Zip Code* 473 *plus zone number*)

Adams, Julia L. ..Ball State University (06) (PD)
Adams, William B. ..2810 Ethel Ave. (04) (ANES)
Alexander, Jack L. ..Norwood Office Ct. (04) (PD)
Alvey, Charles R. 115 N. Cherry St. (05) (GP)
Ashburn, Clarence M. 2810 Ethel Ave. (04) (ANES)
Ball, Clay A. (S) Westminster Village, R.R. 9, Bethel Pike (02) (OO)
Ball, Philip 2600 W. Jackson St. (03) (IM)
Baltzer, Donald J. 2810 Ethel Ave (04) (ANES)
Benken, Lawrence D.
1111 W. Jackson St. (05) (OBG)
Bergwall, Warren L. ..2923 W. Jackson St. (04) (GP)
Berner, Herbert W. ...2501 W. Jackson (03) (OBG)
Boberg, Arthur R. 420 W. Washington St. (05) (IM)
Border, John F. 3729 W. Jackson (04) (IM)
Botkin, Charles T. ..400 White River Blvd. (03) (GP)
Botkin, Clyde G. 508 W. Jackson St. (05) (GP)
Branam, George E. ...38 Warwick Rd. (04) (PATH)
Brown, Leland G. 412 White River Blvd. (03) (ORS)
Brown, Thomas M. ..212 N. Pauline Ave. (03) (IM)
Burns, Anthony J. 2810 Ethel Ave. (04) (GP)
Burwell, Stanley W. ...424 W. Jackson St. (05) (GS)
Butz, Ralph O. 1525 W. Jackson St. (03) (GS)
Clark, Robert M. ..2809 Godman Ave. (04) (OPH)
Clouse, John F.
Ball State University Health Center (06) (GP)
Cooper, John F. ...3022 S. Madison (02) (GP)
Coulon, Thomas F. 1604 Brentwood (04) (GS)
Covalt, Wendell E. 2724 W. North St. (03) (GS)
Cullison, John L. .Ball Memorial Hospital (03) (IM)
Cure, Elmer T. (S) 801 Ashland Ave. (03) (GP)
Dersch, David M. ..2501 W. Jackson St. (03) (OBG)
Dietz, David J. 2810 Ethel Ave. (04) (GP)
Dowell, Anthony R. 420 Washington (04) (GP)
Dunning, Thomas W. .1600 W. McGalliard (04) (GP)
Dutchman, William R. .2810 Ethel Ave. (04) (ANES)
Fiederlein, Frederick J. .2809 Godman Ave. (04) (N)
Galliher, Marjorie J. .410 White River Blvd. (03) (GP)
Geckler, Charles E. ..1007 W. North St. (03) (PATH)
Gibson, Robert K 806 W. Jackson St. (05) (PD)
Goodell, Charles L. 2810 Ethel Ave. (04) (NS)
Grannemann, Harry N. R.R. 9, Box 411 (02) (Resident)
Gray, Stuart A. 2200 Janney Ave. (04) (GP)
Gray, Wayne L. 3729 W. Jackson St. (04) (OO)
Gustafson, Milton H. ..2606 W. Jackson St. (03) (D)
Hall, Robert S. R.R. 9 (02) (GP)
Hayes, Theodore R. 520 W. Main St. (05) (U)
Henderson, Ramon A. 806 W. Jackson St. (05) (PD)
High, Ralph L. ..420 W. Washington St. (05) (OBG)
Hollingsworth, Thomas H. 217 N. Cherry (04) (FP)
Holmes, John L. ..412 White River Blvd. (03) (ORS)
Imhof, Joseph D. ...320 W. Adams St. (05) (R)
Kalb, Everrett L. 404 Riverside Dr., Hempstead Apts. #119 (06) (ADM)
Kalker, Morton 2810 Ethel Ave. (04) (ANES)
Kammer, Grace C. .1005 W. Parkway Dr. (03) (OO)
Kirshman, Forrest E. (S) ..41 Briar Road (04) (OO)
Koch, Edwin F., Jr. ..Ball Memorial Hosp. (03) (R)
Koss, K. William ...1600 W. Jackson St. (03) (GP)
Kress, James W. 2809 Godman Ave. (04) (GS)
Lawson, Lawrence J. ...110 N. Cherry St. (05) (GS)
Leiphart, Charles 2401 University Ave. (R)
McCallister, Larry L. 2518 Rosewood (04) (GP)
McClintock, James A. ...316 W. Adams St. (05) (GS)
McConnell, Thomas L. ...Ball State Student Health Center (06) (GP)
McDowell, Fletcher W. ...926 W. Main St. (05) GS)
McVay, Richard S. ..4403 Petty Road (03) (Resident)
Mathewson, Russell C. R.R. 9, Box 157 (02) (P)
Montgomery, Lall G. (S)
Ball Memorial Hospital (03) (PATH)
Montgomery, Ralph F. 2501 W. Jackson (03) (OBG)
Moore, Jack C. ..1812 W. McGalliard Rd. (04) (IM)
Morton, Don S. 3729 W. Jackson (04) (Resident)
Morton, Wm. N. ..420 W. Washington St. (05) (IM)
Nelson, Harold E. ..2809 Godman, Suite 4 (04) (IM)
Newnam, Philip E. 420 W. Washington St. (05) (IM)
Osborne, John V. ..420 W. Washington St. (05) (GS)
Paff, James R. 200 N. Cole (03) (Resident)
Peacock, Robert C. 2724 W. North St. (03) (U)
Pell, Donald M. Box 2900 (02) (IM)
Pentecost, Paul A. Ball State Univ. (06) (ADM)
Pippenger, Joseph I. ...310 W. Jackson (05) (GP)
Quick, William J. (S)
314 E. Washington St. (05) (GP)

Reedy, Richard L. ...R. R. 6, Box 190 (02) (GP)
Rittmeyer, Jack L. ...1309 Ridge Rd. (04) (IM)
Roch, L. Marshall 406 White River Blvd. (03) (OPH)
Schulhof, Maurice G.
420 W. Washington St. (05) (GS)
Searight, Howard R.
2923 W. Jackson St. (04) (OTO)
Shaw, Matthew C. ..2810 Ethel Ave. (04) (ANES)
Snyder, Richard J. 1111 W. Jackson (03) (OBG)
Speck, Carlson R. ..Ball Memorial Hospital (03) (R)
Stephens, Robert W. ..515 Tillotson (04) (Resident)
Stephens, Susan 515 Tillotson (04) (Resident)
Stanley, John R. ...1111 W. Jackson St. (05) (OBG)
Stout, Francis E. ...2423 W. Jackson St. (03) (OBG)
Taylor, Donald R. ..Ball Memorial Hospital (03) (R)
Tharp, Donald W. ..2923 W. Jackson St. (04) (OPH)
Tharp, John D. 2923 W. Jackson St. (05) (U)
Tomlin, Hugh M. .420 W. Washington St. (05) (IM)
Vlaskamp, Elaine (S) ..500 W. Charles St. (05) (GP)
Voss, Gert 420 W. Washington St. (05) (OBG)
Walker, Jack M. ..412 White River Blvd. (03) (ORS)
Weir, Rosemary 1410 Maddox (04) (OO)
Wince, Leland L. 806 W. Jackson St. (05) (PD)
Workman, Barbara E. ..2401 University (03) (R)
Yarling, John L. 2901 N. Tillotson (04) (CHP)
Young, Gerald S. 924 W. Main St. (05) (PD)

Webb, Joan L. 424 S. Main, Newcastle 47362 (P)
Jay, Arthur C. Parker 47368 (PATH)
Hinchman, Jean F. Parker 47368 (GP)

YORKTOWN
(*Zip Code* 47396)

Caudill, Rodney C. Box 427 (OO)
Cole, Larry G. 1003 E. Smith (GP)
Cooley, Paul P. Yorktown 47396 (GP)
Hill, Robert E. P.O. Box 306 (GP)
Kresge, Charles L. R.R. 2, Box 192A (FP)

Carter, Arnold L. 14093 Recuerdo Drive
Del Mar, Calif. 92014 (Military)
Rivers, Thomas A. 2608 12R Ave. N.W.,
Rochester, Minn. 55901 (Resident)

DUBOIS COUNTY

Encinas, Senen J. ..Crawford Medical Clinic, English 47118 (GP)
Backer, Henry G. (S) Ferdinand, 47532 (GP)
Held, George A. 51 Pine Drive, Christmas Lake Village, Santa Claus 47579 (OO)

HUNTINGBURG
(*Zip Code* 47542)

Amini, Sohrab 521 Fourth St. (GS)
Craig, Harry L. 409 Van Buren (GP)
Hakami, Mohamed I. 409 Van Buren (OO)
Scales, Alfred B. (S) 409 Van Buren (GS)
Scales, Allen D. 409 Van Buren (GP)
Stork, Harvey K. (S) 509 Fourth St. (GP)
Williams, Fielding P 215 W. Walnut St. (GP)

JASPER
(*Zip Code* 47546)

Beaven, John B. 111 Central Bldg. (GS)
Bomalaski, M. Donald Memorial Hosp. (R)
Drew, Daniel C. Medical Arts Bldg. (GP)
Gootee, Francis H. 501 Clay St., (GP)
Gootee, Thomas H. 501 Clay St., (OBG)
Heck, Martin C. 801 Newton St. (GP)
Kemker, Bernard 111 Central Bldg. (GS)
Klamer, Charles H. 715 MacArthur St. (GP)
Leon, Mario Medical Arts Bldg. (GP)
Lukemeyer, St. John (S) 109 W. 12th St. (GP)
Ploetner, Edward J. 111 Central Bldg. (GS)
Salb, John P. 721 W. 13th St. (GP)
Wagner, Arthur L. 115 E. Ninth St. (GP)

ELKHART COUNTY

Cripe, Earl P. .119 N. Center St., Bremen 46506 (GP)
Horswell, Richard G. Bristol 46507 (IM)
Neidballa, Edward G. Bristol 46507 (GP)

ELKHART
(*Zip Code* 46514)

Arlook, Theodore D. ...912 W. Franklin St. (D)
Atwood, William H. The Elkhart Clinic (IM)
Benson, James E. The Elkhart Clinic (P)
Billings, Elmer R. The Elkhart Clinic (IM)
Bloom, George R. ...Simpson & Superior Sts. (GP)
Boling, Richard C. ...1332 W. Indiana Ave. (OPH)
Bowdoin, George E. (S) ...515 S. Second St. (GP)
Campbell, Patrick B. 605 Oakland Ave. (PD)
Cassim, Rechad M. The Elkhart Clinic (PD)
Classen, Pete R. C. 4112 S. Main St. (GP)
Collins, John B. 236 Simpson St. (FP)
Compton, Walter A. ...2225 Greenleaf Blvd. (OM)
Conklin, Raymond L. (S.) ...1127 Myrtle Ave. (OM)
Cormican, Herbert L. 1400 Hudson St. (OBG)
Dew, D. C. The Elkhart Clinic (OO)
Dovey, Edward G. 513 Oakland Ave. (U)
Durham, Thomas E.
2200 California Rd., P.O. Box 1001 (ORS)
Echeverria, Rodolfo E.
2200 California Rd., P.O. Box 1001 (ORS)
Elliott, Thomas A. The Elkhart Clinic (IM)
Farvar, Boyouk 513 Oakland Ave. (U)
Fear, Olan D. The Elkhart Clinic (IM)
Finfrock, James D. 515 S. Second St. (GS)
Futterknecht, James O. The Elkhart Clinic (GS)
Gattman, G. Beach The Elkhart Clinic (PD)
Graber, Virgil R. 1400 Hudson St. (OBG)
Hannah, Jack W. ...1906 E. Jackson Blvd. (ANES)
Harrell, Ronald R. 3916 Eastwood (OM)
Heiser, Ervin W. 1400 Hudson St. (OBG)
Himmelsbach, Wm. A. 1127 Myrtle St. (OM)
Hurley, James W. The Elkhart Clinic (IM)
Hussey, Lawrence K. 2507 Chippewa (OO)
Ivy, John H. Box 2507 (IM)
Jones, Robert B. 1528 W. Franklin (OTO)
Kesim, Mufit H. 1332 W. Indiana Ave. (PD)
Kintner, Burton E. ...Simpson & Superior Sts. (GP)
Klassen, Otto D. ..Oaklawn Psychiatric Center (CHP)
Knight, E. Larry The Elkhart Clinic (IM)
Krause, Frederick 4117 S. Main St. (GP)
Lamb, Fred K. The Elkhart Clinic (OO)
Lundt, Milo O. (S) 1400 Hudson St. (U)

Luther, William C. 3006 East Lake Dr., S. (GP)
McArt, Bruce A. 1332 W. Indiana (GS)
Mark, George A. Box 1005 (IM)
Martin, Paul H. 1519 Strong Ave (PH)
Middleton, Ramona J. 1400 Hudson St. (OBG)
Miller, Galen R. 403 S. Ninth St. (GS)
Miller, Hugh A., Jr. 417 Prospect (IM)
Miller, Samuel T. (S) 174 Witmer Ave. (OO)
Mininger, Edward P. 1400 Hudson St. (OBG)
Mishkin, Irving 209 S. Second St. (OO)
Mishkin, Marvin 209 S. Second St. (IM)
O'Donovan, Cornelius J. 1127 Myrtle St. (IM)
Ojha, Brij. B. Elkhart Clinic (OPH)
Paff, William A. 1509 Meadow Lane (IM)
Paine, George E. 329 Meisner Ave. (ANES)
Pancost, Vernon K. 1000 W. Marion St. (GP)
Papadopoulos, Aristides P. P.O. Box 1001 (ORS)
Parshall, Dale B. Elkhart Gen. Hosp. (R)
Peterson, James A. The Elkhart Clinic (PD)
Pletcher, William D. The Elkhart Clinic (IM)
Price, Robert W. 2600 Oakland Ave. (CHP)
Reed, James C. The Elkhart Clinic (D)
Rouen, Robert L. 1209 Harrison St. (OPH)
Rupe, Lloyd O. 211 S. Fifth St. (GS)
Rupel, Dennis F. 2600 Oakland Ave. (P)
Scheer, Alexander L. The Elkhart Clinic (OTO)
Schlosser, Herbert C. (S) ... 116 W. Marion St. (GS)
South, Dale R., Jr. ...Simpson & Superior Sts. (GP)
Spray, Page E. 320 W. High St. (GP)
Stubbins, William M. ...1006 W. Franklin St. (GP)
Swank, Lucretia R. ..1600 E. Jackson Blvd. (ANES)
Swihart, Danny D. ...Simpson & Superior Sts. (GP)
Wilson, Orley E. (S) 2505 Greenleaf (GP)
Yoder, C. Richard 603 Oakland Ave. (PD)
Yuhn, Robert B. 500 N. Nappanee St. (P)
Zeitler, Philip S. 1332 W. Indiana Ave. (ORS)

GOSHEN
(*Zip Code* 46526)

Bigler, Frederick W. 314 S. Fifth St. (ANES)
Bosler, Howard A. (S) 302 River Vista Dr. (GP)
Bowser, Philip G. 107 S. Fifth St. (GP)
Chandler, Leon H. 112 E. Lincoln Ave. (GS)
Gunderson, Shaun D. R.R. 3, Goshen Gen. Hosp. (R)
Haney, Leslie E. 112 S. Fifth St. (IM)
Harris, Neil R. 307 S. Seventh St. (GP)
Johnson, Charles J. 110 W. Michigan Park (IM)
Kennedy, Myron S. P.O. Box 237 (GP)
Krabill, Willard S. 120 Carter Rd. (GP)
Massanari, Walter S. 211 Egbert Rd. (ANES)
Minter, Donald L. 110 W. High Park Ave. (IM)
Quilty, Thomas J. 112 E. Madison St. (OTO)
Smucker, Ernest E. 112 S. Fifth S. (GS)
Stoltzfus, Glenn B. 110 W. High Park Ave. (PD)
Troyer, Dana O. 201 E. Clinton St. (OPH)
Troyer, Weldon 110 W. High Park Ave. (GP)
Turner, John P. 115 E. Washington St. (GP)
Young, Ralph H. (S) 113 E. Madison St. (GP)

MIDDLEBURY
(*Zip Code* 46540)

Friesen, G. Weldon 103 Brown St. (GP)
Unzicker, Roger 103 Brown St. (GP)
Weybright, W. L. 103 Brown St. (GP)
Yoder, Carl J. 103 Brown St. (GP)
Yoder, Jonathan G. 103 Brown St. (GP)

Rheinheimer, Floyd L. Milford 46542 (GP)

NAPPANEE
(*Zip Code* 46550)

Graber, Alvin R. 357 N. Nappanee St. (GP)
Kendall, Forest M. 654 Woodland Ct. (GP)
Price, Douglas W. 162 E. Market St. (GP)
Roose, Lisle W. 357 N. Nappanee St. (GP)

DeFries, John J. New Paris 46553 (GP)

SYRACUSE
(*Zip Code* 46567)

Clark, Jack P. Box 607 (GP)
Craig, Robert A. Box 607 (GP)
Fosbrink, Ephraim L. ..218 S. Huntington St. (GP)
Meyers, William L. R.R. 3 (GP)
Zimmerman, William H. R.R. 2 (GP)

Guttman, John B. Wakarusa 46573 (GP)
Miller, James R. Box 446 Wakarusa 46573 (GP)

Bender, John M. 1896 Texas St., Salt Lake City, Utah 84108 (Resident)

Todd, David D. (S)
6455 La Jolla Blvd., La Jolla, Calif. 92037 (OO)

FAYETTE-FRANKLIN COUNTIES

BROOKVILLE
(*Zip Code* 47012)

Guinigundo, Noli C.
R. R. 4, Hidden Valley Lane (GP)
Peters, Elmer E. 830 Main St. (GP)
Seal, Perry F. 901 N. Main St. (GP)

Mendoza, Felicisimo S.
710 W. Parkway Dr., Cambridge City 47327 (GP)

CONNERSVILLE
(*Zip Code* 47331)

Angeles, Armando E. 1926 Virginia Ave. (GS)
Ellis, George M. 108 E. 10th St. GP)
Hirsch, Theodore 1941 Virginia Ave. (OO)
Hudson, Arlington M. 321 W. 20th St (GP)
Kerrigan, William F. 707 West Third St. (GP)
Lockhart, Jack M. 707 W. Third St. (IM)
Mazdai, Abouzarjoemehr 707 W. Third St. (GS)
Mountain, Francis B. 930 Central Ave. (GP)
Neukamp, Frank H. 707 W. Third St. (GP)
Sanders, Bertram W. 634 Eastern Ave. (GP)
Steinem, Joseph L. 818 Grand Ave. (GP)
Taube, Robert R. 124 E. Sixth St. (GS)

Janes, Robt. Grant
7R Northwood, Northport, Ala. 35476 (OO)

FLOYD COUNTY

Best, Maurice M. Southern Hills Lake, R.R. #2, Borden 47106

Boha, Rudolf L. R. 1, Box 438 G, Floyd Knobs 47119 (GP)
Bickers, Everett E.
Route 2, Box 428, Floyd Knobs 47119 (GP)
Allen, George S. Georgetown 47122 (GP)
Baxter, Samuel M. (S)
31100 Centralia Court, Jeffersonville 47130 (OPH)

NEW ALBANY
(*Zip Code* 47150)

Ahmad, Waheed 1919 State St. (GS)
Baker, Avey M. (S) 811 E. Spring St. (GP)
Barbee, John Y. Jr. 1919 State St. (OPH)
Brown, Kenneth H. 1654 Hedden Park (GP)
Buchman, Marshall H. 1824 State St. (GP)
Bundy, Vernon 700 Spring St. (GS)
Cannon, Daniel H. 1203 E. Spring St. (GP)
Cook, Melvin D. 1919 State St. (GS)
Edwards, William F. (S) ...604 E. Spring St. (OTO)
Garner, William H., Jr. 919 E. Spring St. (GS)
Garner, William H., Sr. (S) ...919 E. Spring St. (GS)
Ginsherman, A. B. 1827 State St. (GP)
Habermel, John F. 908 E. Spring St. (IM)
Harlowe, Stuart E. 15 Trimingham Rd. (U)
Hess, Paul P. Floyd Co. Bank Bldg. (PD)
Higgins, John R. 700 E. Spring St. (GS)
Irigoyen, David E. 321 Professional Arts Bldg. (P)
Johnson, William V. 1919 State St. (R)
LaFollette, Donald R. 1000 E. Spring St. (GP)
LaFollette, Robert E. 1000 E. Spring St. (GP)
McCullough, James Y. 700 E. Spring St. (GS)
Nedelkoff, Bogdan R.R. 2, Box 500H (PATH)
Paris, John M. 1919 State St. (GP)
Pierce, Gene S. 112 Professional Arts Bldg. (GP)
Pope, Howard A. 1003 Castlewood Drive (GP)
Receveur, Paul E. 2626 Charlestown Rd (GP)
Receveur, Robert 2626 Charlestown Rd. (GP)
Robertson, Addis N. (S) ...820 E. Spring St. (GP)
Robinson, Nan E. 1726 State St. (PD)
Ruoff, William F. 1349 Grable Ct. (IM)
Shelton, Clyde F. 1726 State St. (PD)
Sonne, Irvin H., Jr. 1546 Sunset Dr. (R)
Streepey, Jefferson I. 1919 State St. (GP)
Voyles, Harry E. (S) 213 Elsby Bldg. (GP)
Wallace, Elmer L. 1919 State St. (GP)
Wolfe, Morton F. 1919 State St. (GP)
Wolfe, Nelson A. 1919 State St. (GP)
Worley, Henry L. 601 E. Spring St. (OPH)

Jones, Thomas M. 2839 Weston Ridge Drive, Cincinnati 45239 (Resident)

FOUNTAIN-WARREN COUNTIES

COVINGTON
(*Zip Code* 47932)

Hoffman, Max N. 416 Union St. (GP)
Stephens, Lowell R. 600 East Liberty (IM)
Suzuki, Tsutomu T. 505 Washington St. (GP)

Petrich, Peter R.
401 S. Perry St., Attica 47918 (GP)
Furr, Jack Dean Hillsboro 47949 (GP)
Person, Theodore C. ...Veedersburg 47987 (GP)
Rusk, Hubert M. (S) Wallace 47988 (GP)
Nelson, Carl A. West Lebanon 47991 (GP)
Brenner, Hugo A. Williamsport 47993 (GP)
Ringer, William A. Williamsport 47993 (GP)
Salvo, At S. Williamsport (ANES)

FULTON COUNTY

Herrick, Charles L. Akron 46910 (GP)
Miller, Virgil C. Akron 46910 (GP)
Kraning, Kenneth K. Kewanna 46939 (GP)

ROCHESTER
(*Zip Code* 46975)

Aluning, Pastor D. Jr. 819 E. Ninth St. GS)
Del Rosario, Pedro G. 121 W. Eighth St. (IM)
Richardson, Joseph D. 121 W. Eighth St. (GP)
Walton, F. Richard R.R. 2 (GS)

GIBSON COUNTY

Pruitt, Don E. ..R.R. 8, Box 144, Evansville 47711 (R)
Geick, Raymond G. Fort Branch 47533 (GP)
Petitjean, Harold G. Haubstadt 47539 (GP)
Marchand, Edwin V. (S)
5700 Ward Rd., Evansville 47711 (OO)
Dye, William E. Oakland City 47560 (GP)

PRINCETON
(*Zip Code* 47570)

Graves, Orville M. (S) 116 S. Hart St. (GP)
Lindauer, David H. 516 N. Main St. (GP)
McCarty, Virgil (S) 113 S. Main St. (GP)
McElroy, Robert S. 116 S. Main St. (GS)
Peck, James F. 302 N. Prince St. (GP)
Rayes, Joseph L. 113 Main St. (OO)
Weitzel, Roland E 114 S. Hart St. (GP)
Wells, William R. 510 N. Main St. (GP)

GRANT COUNTY

Shrock, Ethan E. Amboy 46911 (GP)
Malott, Fred R. Converse 46919 (GP)
Yale, Charles A. Fairmount 46928 (GP)
Garrison, Leon J. (S)
515 E. Main St., Gas City 46933 (GP)
Koontz, William A.
126 E. Main St., Gas City 46933 (GP)
Shoemaker, Richard L.
212 E. North C St., Gas City 46933 (GP)
Baskett, Russell J. Jonesboro 47039 (GP)

MARION
(*Zip Code* 46952)

Abell, Charles F. ...Professional Arts Center (ORS)
Ayres, Wendell W. (S) 500 Wabash Ave. (GS)
Bean, William J. 1251 Kem Rd. (D)
Belcher, Alan D. Marion General Hosp. (R)
Bloom, Asa Ward 610 River Dr. (GP)
Botkin, James E. 706 River Dr. (GP)
Bourke, William W. 1211 Euclid Ave. (P)
Boyer, Grace M. B. (S) 605 Locust St. (GP)
Brandes, David C. P.O. Box 987 (U)

Brown, Robert M. 520 Marion Nat'l Bank Bldg. (GP)
Carag, Vicente R. 131 N. Washington St. (GS)
Chaney, Robert D. 1326 Woodland Dr. (ANES)
Comeau, William J. Marion General Hosp. (R)
Cunningham, Robert D. 500 Wabash Ave. (IM)
Davis, Joseph B. 131 N. Washington St. (GS)
Davis, Merrill S. (S) ...131 N. Washington St. (GS)
Donaldson, Miles W. 706 River Dr. (GP)
Dunbar, Fred E. 706 River Dr. (GP)
Fisher, Henry 1502 S. Washington St. (GP)
Fisher, Pierre J., Jr. 500 Wabash Ave. (GS)
Fuelling, James L. 217 E. Grant (OPH)
Ganz, Max 1251 Kem Rd. (GP)
Glock, Douglas E. 1251 Kem Rd. (OO)
Goldberg, B. Richard 1251 Kem Road (OO)
Goldsmith, David A. 2711 River Rd. (IM)
Grant, M. Arthur P.O. Box 1088 (ANES)
Guevara, Teodoro G. 607 Windsor Dr. (IM)
Heitzman, Alois I. Fisher Body Plant (OM)
Hemphill, Roger A. 1609 Chapel Pike (IM)
Hummel, Russel M. 500 Wabash Ave. (GP)
Jackson, Robert F. ..105 Professional Arts Bldg. (GS)
Jarrett, John C. 702 River Dr. (OBG)
Jesch, Doris 706 Gardner Drive (PD)
Joshi, Prakash N. 131 N. Washington (IM)
Kershner, Charles R. 1251 Kem Road (ORS)
Khalouf, Herbert C. 1251 Kem Road (GS)
Khalouf, Shirley T. 1204 Overlook Road (PMR)
Lahr, Richard E. 1121 W. Third St. (GP)
Lavengood, Russell W. (S)
801 W. Fourth St. (GP)
Long, Max R. 803 S. Boots St. (GP)
Manalo, F. S. 801 Jeffras Ave. (ANES)
Miller, Howard Allison (S)
1010 W. Fourth St. (GS)
Musselman, Lawrence K. 500 Wabash Ave. (P)
Pattison, John D. 131 N. Washington St. (IM)
Pearcy, Marcene P.O. Box 987 (U)
Powell, James Paxton 500 Wabash Ave. (GS)
Rajachar, Mathikere R. 1725 Saxon Drive (IM)
Raju, S. Gopal 131 N. Washington (GS)
Recometa, Oscar D. 131 N. Washington St. (OO)
Reid, James D. 500 Wabash Ave. (OPH)
Rhamy, Donald E. P.O. Box 987 (U)
Rhorer, John G. 500 Wabash Ave. (ANES)
Shah, Ajit 702 River Dr. (OBG)
Shuck, William A., Jr. 1251 Kem Road (GS)
Simmons, Frederick H. 1009 N. Baldwin (OTO)
Skomp, Claud 1123 Euclid Ave. (R)
Smith, Barton T. 702 River Dr. (OBG)
Smith, Evrett E. Marion Gen. Hosp. (R)
Smyrniotis, Frank E. 1251 Kem Road (IM)
Snowhite, Arthur B. 500 Wabash Ave. (OPH)
Thompson, B. Jay ...Marion General Hosp. (PATH)
Tomlinson, Jerry A. 1806 N. Denver Drive (PATH)
Urgena, Regino B. 5857 N.-500 West (ANES)
Vinluan, Teofilo S., Jr. ..131 N. Washington St. (IM)
Walton, R. Lee 4921 S. Western Ave. (PD)
Warren, Carroll B. 511 Glass Block (OBG)
Wilson, Ned A. 317 N. Western Ave. (PD)
Wojcik, Ladislas D. 131 N. Washington St. (PD)

Goetcheus, A. Janelle
Taylor University, Upland 46989 (ADM)
Guevara, Frenita B. Upland 46989 (GP)
Taylor, Everett C. Upland 46989 (GP)
Rifner, Eugene S. Van Buren 46991 (GP)
Rhamy, Arthur P. (S) ...R.R. 5, Wabash 46992 (U)

GREENE COUNTY

BLOOMFIELD

(*Zip Code* 47424)

Graf, Jerome A. (S) 227 W. Mechanic St. (GP)
Lardizabal, Jose M. 55 N. Franklin St. (GP)
Mount, Mathias S. (S) 148 S. Lewis St. (GP)
Turner, Harold B. (S) 126 E. Indiana Ave. (GP)

JASONVILLE

(*Zip Code* 47438)

Porter, Carl M. 124 Cook St. (GP)
Rotman, Harry G. 111½ E. Main St. (GP)
Rotman, Sam I. P.O. Box 127 (GP)

LINTON

(*Zip Code* 47441)

Broshears, Kenneth P. 129 E. Vincennes (GP)
Raney, Ben B. (S) 129 E. Vincennes (GP)
Tomak, Milton E. 289 N. Main St. (GP)
Woner, John W. Linton (GP)

Hayter, Robert Lyons 47443 (GS)
Powers, William R. Lyons 47443 (FP)
Moses, George E. (S) Worthington 47471 (GP)
Moses, Robert E. Worthington 47471 (GP)

HAMILTON COUNTY

Havens, Oscar Cicero 46034 (GP)
Ayers, Marion E.
7979 Englewood Rd., Indianapolis 46240 (ANES)

NOBLESVILLE

(*Zip Code* 46060)

Ambrose, Jesse C. 298 N. Ninth St. (GP)
Bilodeau, Richard G. R.R. 6, Box 400 (R)
Blackburn, Howard R. Riverview Hosp. (R)
Carter, Eunice M. 585 Sherman Rd. (PD)
Hash, John S. 450 Lafayette Rd. (GS)
Haywood, John G. 110 Lakeview (GP)
Lanning, R. Adrian 998 North Dr. (GP)
Lloyd, Joe R. 107 John St. (GP)
Thomas, W. Clayton 107 John St. (GP)
Waitt, Paul M. 450 Lafayette Rd. (GS)
Warren, John R. Riverview Hosp. (ER)

Manhart, Doyle B. Sheridan 46069 (GP)
Newby, Eugene Sheridan 46069 (GP)
Connoy, Leo F. Westfield 46074 (GP)

Shanks, Ray W. (S)
1148 Lucerne Ave., Cape Coral, Fla. 33904 (OO)

HANCOCK COUNTY

Garrison, James L. Cumberland 46229 (GP)
Navin, Hugh K. (S) Fortville 46040 (GP)
Rhynearson, Hal R. Fortville 46040 (GP)
Rhynearson, William R. Fortville 46040 (GP)

GREENFIELD
(*Zip Code* 46140)

Anderson, James T. 120 W. McKenzie Rd. (GP)
Beeson, Wilbur P. 120 W. McKenzie Rd. (GP)
Endicott, Wayne H. 120 W. McKenzie Rd. (GP)
Farrell, John J., Jr. 120 W. McKenzie Rd. (GP)
Haas, Ray A. 1517 Chapman Dr. (GP)
Henn, R. Anthony 137 Michigan (GP)
Hunter, Donn R. 120 W. McKenzie Rd. (GP)
Kinneman, Robert E. .Hancock Co. Mem. Hosp. (GP)
Kirby, Ted C. P.O. Box 707 (GP)
Moenning, John E. 120 W. McKenzie Rd. (GS)
Pareja, Frank S. 804 N. State St. (GP)
Rea, Ralph L. 120 W. McKenzie Rd. (GP)
Singco, Bienvenido O. 744 N. State St. (GP)
Smith, John H. 144 Grandison Rd. (GP)
Thomas, Andrew C. 10 W. Boyd St. (GP)
Vingis, Bronie A. 746 N. State St. (GP)

Cagle, Bob R. New Palestine 46163 (GP)
Arive, Floro F. Oaklandon 46236 (GP)
Hensley, Harry T. Oaklandon 46236 (GP)
Miller, Joseph A. Oaklandon 46236 (GP)
Matlock, Carl K. Shirley 47384 (GP)
Kuhn, Robert W. Wilkinson 46186 (GP)

HARRISON-CRAWFORD COUNTIES

CORYDON
(*Zip Code* 47112)

Blessinger, Louis H. 101 W. Chestnut St. (GP)
Brockman, Wilfred J. 439 E. Chestnut (GP)
Dillman, Carl E. (S) Beaver & Oaks Sts. (GP)
Dukes, David J. 439 E. Chestnut St. (GP)
Jordan, Richard A. Harrison Drive (GP)
Martin, Samuel W. R.R. 1 (GP)

May, R. Milton (S) Laconia 47135 (GP)
Seipel, Stanley Lanesville 47136 (GP)
Benz, Jesse C. (S) Marengo 47140 (OO)

HENDRICKS COUNTY

BROWNSBURG
(*Zip Code* 46112)

Baker, Glenn Box 36 (FP)
Black, M. James 702 E. Main St. (GP)
Scudder, Arthur N. 24 N. Grant St. (GP)
Walker, Thomas M. 702 E. Main St. (GP)

DANVILLE
(*Zip Code* 46122)

Cheesman, Donald D. 637 E. Main St. (GP)
Duncan, William A. 204 Meadows (OBG)
Heinlein, Carl L. 100 Meadow Dr. (GP)
Hibbeln, Thos. J. 206 Meadow Drive (GS)
Kerlin, Joseph C. 100 Meadow Dr. (GP)
Kirtley, Robert W. 350 Urban St. (GP)
Koch, Elmer L. 201 E. Columbia St. (GP)
Terry, Lloyd S. 292 W. Marion St. (GP)

Long, Malcolm D. 1800 N. Meridian St., # 507, Indianapolis (02) (R)
Ellis, Lyman H. (S) Lizton 46149 (GP)
Gibbs, Joseph W.
Home Lawn Sanitarium, Martinsville 46151 (GP)
Scamahorn, Malcolm O. Pittsboro 46167 (GP)
Irwin, R. Stephen
P.O. Box 345, Roachdale 46172 (GP)

PLAINFIELD
(*Zip Code* 46168)

Calhoon, John P. 1655 Hawthorn Dr. (Resident)
Clark, Eric D. 1655 Hawthorne Dr. (GP)
Cohen, Irving 645 E. Main St. (GP)
Hadley, David M. 301 South East St. (FP)
Haggard, David B. 301 South East St. (GP)
Mitman, Ursula E. R.R. 2, Box 322 (R)
Stafford, William C. P.O. Box 97 (GP)
Wagner, William 1655 Hawthorn Drive (FP)

HENRY COUNTY

Donahue, Francis E. Dublin 47335 (GP)
Miller, William A. (S)
99 S Washington, Hagerstown 47346 (GP)
Gatmaitan, Alejandro V.
235 E. Carey, Knightstown 46148 (GP)
Stauffer, George E. Mooreland 47360 (GP)
Valena, Dominador V.
1206 N. Petty Rd., Muncie 47304 (OO)

NEW CASTLE
(*Zip Code* 47362)

Bledsoe, James G. 319 S. 14th St. (GP)
Brock, Joseph T. New Castle State Hospital (N)
Burnett, Arthur B. (S) 106 N. Main St. (OPH)
Cain, David R. 1912 Bundy Ave. (GP)
Campbell, Sam W. 901 McCormack Dr. (R)
Dye, Cloyd L. 1007 N. 16th St. (IM)
Easter, James N. 1912 Bundy Ave. (GP)
Fisher, John E. 540 S. Main St. (IM)
Foster, Ray T. 420 N. Main St. (GS)
Grant, Phyllis A. 530 S. Main St. (GP)
Heilman, William C., Jr. 1007 N. 16th St. (OBG)
Heilman, William C. (S) 1007 N. 16th St. (GP)
Hill, Kenneth G. 710 South 14th St. (GP)
Iterman, George E. (S) 729 I Ave. (GP)
KinKade, Paul T. 1015 Broad St. (GS)
McDonald, Frank C. 365 Trojan Lane (GP)
McElroy, James S. 1813 Bundy Ave. (GS)
McKee, Roy G. 319 S. 14th St. (GP)
May, A. J. 1007 N. 16th St. (GP)
Morec, George J. 1007 N. 16th St. (PD)
Paz, Luis 1007 N. 16th St. (U)
Pollack, Seymour L. New Castle Hospital (N)
Roach, Eugene G. 820 I Avenue (OO)
Smith, Mark E. 1007 N. 16th St. (GS)
Steussy, Calvin N. Henry Co. Hospital (PATH)
Stricker, Paul J. 701 Fair Oaks Dr. (GP)
Vivian, Donald E. Henry Co. Hospital (R)
Webb, O. Lynn 424 S. Main St. (GP)
Wiatt, Leonard H. P.O. Box 255 (GP)
Wilhelm, Guido P. 1007 N. 16th St. (OBG)

Robertson, William S. Spiceland 47385 (GP)
Life, Homer L.
7672 Cove Terrace, Sarasota, Fla. 33581 (GS)
Shaffer, William
214 N. Franklin St., Greensburg 47240 (GP)

HOWARD COUNTY

Denton, Larkin D. Greentown 46936 (GP)
Gaboya, Ruben R. Bunker Hill 46914 (IM)

KOKOMO

(*Zip Code* 46901)

Adler, Alan J. 400 S. Berkley Road (FP)
Artis, Myrle E. 519½ N. Main St. (GP)
Bowers, Copeland C. (S) ..210 W. Mulberry St. (OO)
Bowers, Garvey B. 210 W. Mulberry St. (GS)
Bowers, John A. 210 W. Mulberry St. (OTO)
Bowman, John P.O. Box 2168 (P)
Bradley, Richard V. 3421 S. Lafountain (GP)
Brown, Richard J. 400 S. Berkley Rd. (U)
Bruegge, Theodore J. P.O. Box 2044 (GS)
Choi, Stephen S. 402 S. Berkley Road (ORS)
Clevinger, William G. 1303 Bagley Dr. (PATH)
Conley, Thomas M. .500 Southway Blvd., East (GP)
Craig, Reuben 514 W. Superior St. (PD)
Crawford, Theodore R. P.O. Box 2044 (IM)
Das, Amal K. 401 E. Reynolds Dr. (GP)
David, Delfin P. 4606 Stratford Dr. (GP)
Doss, Jerome F. 3520 S. Lafountain (OBG)
Earl, Max M. 502 S. Berkley Rd. (IM)
Elleman, John H. 416 W. Mulberry St. (GP)
Ericson, Homer S. 107 S. Dixon Rd. (GP)
Fields, Donald L. 3520 S. Lafountain (PD)
Frazier, John L. 3421 S. Lafountain (IM)
Fretz, Richard C. 2008 W. Sycamore St. (GP)
Golper, Marvin N. 1907 W. Sycamore St. (R)
Good, Richard P. 3433 S. Lafountain (OTO)
Granda, Armando B. 3100 Susan Dr. (ANES)
Grothouse, Carl B. 400 S. Berkley Rd. (ORS)
Guin, Jere D. 400 S. Berkley Rd. (D)
Halfast, Richard W. 400 S. Berkley Rd. (ORS)
Harshman, James A. ..St. Joseph Hospital (PATH)
Higgins, Jack W. 400 S. Berkley Rd. (GP)
Jewell, George M.
610 Armstrong-Landon Bldg. (OTO)
Johnson, Darryl L. 3443 S. Lafountain (OPH)
King, Frank K. 401 Reynolds Dr. (TS)
Kremers, George A. 400 S. Berkley Rd. (U)
Lodde, Marvin B. 4200 Millerwood Dr. (ANES)
Longshore, Robert E. ...1306 Westbrook Dr. (OBG)
McClure, Warren N. 319 S. Berkley Rd. (GP)
McIndoo, Ralph E. (S) 313 W. Taylor St. (GP)
Mendelson, Stanley M. ...401 E. Reynolds Dr. (GP)
Michael, Robert L. 3423-C S. Lafountain (GS)
Miethke, Richard P. Delco Radio Div. (OM)
Moore, John M. 3520 S. Lafountain (OBG)
Murray, Ernest C. 408 W. Mulberry St. (OO)
Myers, Ronald M. 3500 S. Lafountain (P)
Paris, Durward W.
614 Armstrong-Landon Bldg. (IM)
Perkins, Powell L. 317 S. Berkley Rd. (GS)
Pesarillo, Servando N. 401 E. Reynolds (GP)
Phares, Robert W. ..1907 W. Sycamore St. (ANES)
Prather, Philip E. 909 S. Courtland (GP)
Quakenbush, John 3421 S. Lafountain (IM)
Radpour, Shokri 315 S. Berkley Rd. (OTO)
Reul, George M. 6401 Windwood (GP)
Rudicel, Max 1907 W. Sycamore St. (PATH)
Scherschel, Thomas R. ..3423-B S. Lafountain (GS)
Schwartz, Frederick C. ...2016 W. Sycamore (OBG)
Sekulich, Milo St. Joseph Hospital (R)
Smith, Charles F. ..Howard Community Hosp. (R)
Spangler, Jesse S. (S) 215 E. Taylor St. (GP)
Tate, James A. 3520 S. Lafountain (PD)
Tignor, Sterling P. 401 E. Reynolds Dr. (GS)
Tofaute, John L. 402 S. Berkley Road (ORS)
Trimble, John G. 3520 S. Lafountain (OPH)
Van Denbark, Howard M.
313-B S. Berkley Rd. (OBG)
Wachob, Tom W., Jr. ...3520 S. Lafountain (OBG)
Watson, Leo G. 3433 S. Lafountain (OPH)
Wilson, Norman K. 3421 S. Lafountain (ORS)

Ware, John R. Russiaville 46979 (GP)

HUNTINGTON COUNTY

HUNTINGTON

(*Zip Code* 46750)

Blair, Richard G. 3 Parkmoor Dr. (GP)
Brubaker, Harold S. (S) 42 W. Park Dr. (GP)
Casey, Stanley M. (S) 1465 N. Lafontaine (GS)
Clunie, William A. 323 W. Park Dr. (OTO)
Cope, Stanton E. 1022 N. Jefferson St. (GP)
Doermann, Paul E. 1751 N. Jefferson St. (GS)
Erehart, Mark G. (S)
Maple Grove Rd., R.R. 8 (OPH)
Eviston, John B. (S) 34 E. Washington St. (GP)
James, Thomas, Jr. 202 U.B. Publishing Bldg. (GS)
Kay, John B. 1471 Oak St. (GP)
Krueger, Barbara J. 946 N. Jefferson St. (R)
Larson, Arthur N. 1751 N. Jefferson St. (OO)
Marks, Howard H. 248 W. Park Dr. (GP)
Peare, Reeve B. 818 W. Park Dr. (GP)
Wagner, Richard 1355 Guilford (GP)
Wheeler, Barth E. 818 W. Park Dr. (GP)

Meiser, Robt. D. (S)
P.O. Box 218 Sun City, Ariz. 85351 (OTO)
McLaughlin, James R. (S)
170 S. Yorktown Rd., Macomb, Ill. 61455

JACKSON-JENNINGS COUNTIES

BROWNSTOWN

(*Zip Code* 47274)

Gillespie, Garland R. (S) 210 N. Main St. (GP)
McGill, Joel L. P.O. Box 21 (GP)
Palmer, Thomas E. P.O. Box 21 (GP)
Shields, Jack E. 721 W. Spring (GP)

Bard, Frank B. Crothersville 47229 (GP)

NORTH VERNON
(*Zip Code* 47265)

Calli, Louis J. 408 S. State St. (GP)
Johnson, William A. 245 Norris Ave. (GP)
Thayer, Benet W. 20 Jackson St. (GP)

SEYMOUR
(*Zip Code* 47274)

Baxter, Harry R. 326 N. Walnut St. (GP)
Black, Joe M. 502 W. Second St. (GP)
Blaisdell, William F. 1124 Medical Place (GP)
Bobb, Kenneth E. 410 S. Chestnut St. (GP)
Bosch, Ralph 930 South Dr. (GP)
Day, William D. (S) 515 W. Sixth St. (GS)
Graessle, Harold P. (S) 304 W. Second St. (GP)
Knotts, Slater R.R. 1 (R)
Linson, John C. 205 N. Pine St. (GP)
Miller, Harold E. 303 S. Walnut St. (GP)
Templeton, Ian S. 1130 Medical Place (GS)
Wiethoff, Clifford A. 1131 Medical Place (GS)

JASPER COUNTY

Schantz, Richard Remington 47977 (GP)

RENSSELAER
(*Zip Code* 47978)

Ahler, Kenneth J. Box 317 (GP)
Beaver, Ernest R. 111 Thompson St. (GP)
Greenberg, H. L. Box 295 (R)
Greene, Robert W. 116 N. Cullen (GP)
Louck, Michael State Hwy. 114 East (GP)
O'Brien, Francis E.
McKinley & Washington Sts. (GP)
Ockermann, Kenneth R. 119 W. Harrison St. (GP)
Williams, Paul A. Box 317 (GP)

JAY COUNTY

DUNKIRK
(*Zip Code* 47336)

Entner, Charles L. (S) 226 S. Meridian St. (GP)
Tate, Elizabeth 317 S. Main St. (OO)

Donnally, George A. R.R. 1, Geneva 46740 (GP)

PORTLAND
(*Zip Code* 47371)

Fitzpatrick, James S. 603 W. Arch St. (GS)
Gillum, Eugene M. 522 W. Arch St. (GP)
Keeling, Forrest E. (S) 615 W. Walnut St. (PD)
Lopez, Alfonso 717 West High St. (GP)
Ly, Lily Ann 504 W. Arch St. (GP)
Nasr, Amin T. Jay Co. Hospital (PATH)
Schenck, Ralph E. 603 W. Arch St. (GS)
Steffy, Ralph M. 504 W. Arch St. (GP)
Vormohr, Joseph F. 604 W. Arch St. (GP)

Rudolph, R. A. Jr.
1 Wiltshire Rd., Muncie 47304 (PATH)
Spahr, Donald E. 5946 Tidewood Ave.
Sarasota, Fla. 33581 (ANES)

JEFFERSON-SWITZERLAND COUNTIES

MADISON
(*Zip Code* 47250)

Adorable, Benedicto Box 477 (OO)
Alcorn, Merritt O. R.R. 2 (PATH)
Breitweiser, Thomas D. 112 Presbyterian Ave. (R)
Burcham, James B. (S)
Madison State Hospital (GP)
Fong, Theodore C. C. (S) Madison State Hosp. (P)
Graves, Noel S. 722 W. Main St. (GP)
Hare, Francis W., Jr. 722 W. Main St. (IM)
Harnden, Hurlbut L. 426 E. Main St. (GS)
Harris, George F. 445 Clifty Dr. (GP)
Heaton, Elton King's Daughters' Hospital (PATH)
Jackson, Howard C. 104 E. Third St. (GP)
Johnson, Robert D. 722 W. Main St. (GP)
Love, John W. Madison State Hospital (P)
McAtee, Ott B. Madison State Hospital (P)
Modisett, Jackson W. 722 W. Main St. (GP)
Modisett, Marcella S. 722 W. Main St. (GP)
Pavelka, Ronald P. 722 W. Main St. (ORS)
Petway, Allen P. Jefferson Proving Ground (GP)
Pratt, Ralph M., Jr. 323 Poplar St. (PATH)
Riley, Henry S. 722 W. Main St. (OBG)
Rogers, Donald B. Madison State Hospital (P)
Ryan, Michael G. 722 West Main (OO)
Shuck, William A. Odd Fellows Bldg. (GS)
Sloan, W. Keith 426 E. Main St. (GS)
Turner, Anna Goss (S) Box 313 (ANES)
Zink, Robert O. 722 W. Main St. (GP)

Valenzuela, Diego C. 305 E. Main St.,
Vevay 47043 (GP)

JOHNSON COUNTY

Deogracias, Francisco D.
R.R. 1, Edinburg 46124 (GP)
Topacio, Conrado S. Box 127, Edinburg 46124 (GP)

FRANKLIN
(*Zip Code* 46131)

Andrews, Hugh K. 1035 W. Jefferson St. (GP)
Bullers, Robert C. 395 S. Home Ave. (GS)
Bullington, Geo. E. 1230 E. King St. (GP)
Chappel, Alfred T. 901 N. Main St. (GP)
Chiu, F. Luke 1107 North Main St. (OBG)
Deppe, Charles F. 301 E. Jefferson St. (ANES)
Ferrara, Joseph F. 111 S. Water St. P.O. Box 6 (GS)
Foster, Robert H. K. (S) 901 N. Main St. (GP)
Gannon, Anthony 251 E. Jefferson (GP)
Gilliland, John E. 176 E. Jefferson St. (OBG)
Hibbs, William G. (S) Masonic Home Hospital (IM)
Jones, Charles A. 251 E. Jefferson St. (ANES)
Nalley, James 1035 W. Jefferson St. (GP)
Palmer, Harley P. Johnson County Hospital (PATH)
Province, William D. 100 N. Main St. (IM)
Records, Arthur W. (S) 216 Jefferson St. (GP)
Records, John M. 198 E. Jefferson (GP)
Reynolds, Paul 1035 W. Jefferson St. (GP)
Ritteman, George W. (S) R.R. 3, Box 19A (R)
Roller, Mac C. 1551 N. Main St. (GP)
Waymire, William M. 101 N. Walnut St. (GP)

Weber, Steven A. 198 E. Jefferson St. (GP)
Wesemann, Merrill M. 251 E. Jefferson St. (GP)

GREENWOOD
(*Zip Code* 46142)

Barnes, Helen Beall 360 S. Madison (PD)
Brown, George E. Box 328 (GP)
Link, Charles W., Jr. 365 E. Main St. (GP)
Machledt, John H. 243 S. Madison Ave. (GP)
Ogle, Robert W. 360 S. Madison Ave. (GP)
Sheek, Kenneth I. 360 S. Madison Ave. (GP)
Small, George R., Jr. 360 S. Madison Ave. (GP)
Tiley, George A. (S) 41 N. Madison Ave. (GP)
Young, Joseph W. 365 E. Main St. (GP)

Walters, Jack L. .95 E. Oak St., Zionsville 46077 (GP)

KNOX COUNTY

Byrne, Robert J.
207 N. Main St., Bicknell 47512 (GP)
Moore, Robert G. (S) ...R.R. 1, Bicknell 47512 (R)
Springstun, George H. (S) Oaktown 47561 (GP)

VINCENNES
(*Zip Code* 47591)

Anderson, John B. P.O. Box 977 (GS)
Arbogast, Paul B. 1420 Old Orchard Road (GS)
Barrett, Thomas L. 307 S. Fifth St. (PD)
Bartlett, Donald T. 307 S. Fifth St. (OBG)
Beckes, Ellsworth W. (S) 220 N. Fifth St. (GP)
Black, Boyd K. Good Samaritan Hospital (PATH)
Buehl, Frederick Good Samaritan Hospital (P)
Bueser, Rudsen M. 410 S. Seventh St. (R)
Cantwell, Edgar R. Box 979 (OPH)
Chattin, Herbert O. 729 Main St. (GP)
Coffel, Melvin H. 214 Buntin St. (OTO)
Combs, Daniel J. 1325 McDowell Rd. (IM)
Curtner, Myron L. (S) 222 N. Sixth St. (GS)
Dayson, Louie O. 218 Security Bank Bldg. (IM)
Ewing, Nathaniel D. 719 Nicholas (GS)
Floyd, Malcolm S. Good Samaritan Hospital (R)
Haswell, John 607 Dubois St. (OBG)
Hendrix, Charles E. Box 686 (IM)
Herman, Daniel J. 609 DuBois St. (ORS)
Humphreys, Joe E. 1516 N. Second St. (GP)
Jacqmain, Ralph J. 621 S. Seventh St. (GP)
Keller, Anthony S. 520 S. Seventh St. (OO)
Lopez, Efrem R. ..301 American Bank Bldg. (ANES)
McDowell, Mordecai M. 1322 Audubon Rd. (IM)
McMahan, Virgil C. 609 Dubois St. (ORS)
Miller, Charles L. .510 American Bank Bldg. (ANES)
Murray, John S. 118 N. Second St. (IM)
Nichols, Robert J. Box 907 (R)
Parmenter, Harry B.
301 American Bank Bldg. (ANES)
Shaffer, Kenneth L. 302 Main St. (OTO)
Shanklin, Jack L. 702 Vigo St. (GP)
Shelton, Philip 621 S. Seventh St. (GP)
Smith, Ralph O. Box 686 (IM)
Snider, Donald P.O. Box 703 (GS)
Spencer, Frederic 902 Perry St. (OBG)
Stein, Richard H. ..301 American Bank Bldg. (ANES)
Stewart, J. Frank W. Box 513 (PUD)
Thomas, Antoinette 410 S. Seventh St. (OO)
Vaughn, Walter R. 615 Dubois St. (U)
von der Lieth, William C. 14 N. Third St. (GS)
Welch, Norbert M. 615 Dubois St. (U)

KOSCIUSKO COUNTY

Wilson, Wymond B. Mentone 46539 (GP)

WARSAW
(*Zip Code* 46580)

Arford, John E. 1319 E. Center St. (GP)
Baum, John R. (S) 212 S. Indiana (GS)
Dacquisto, Michael P. 424 S. Buffalo St. (IM)
DuBois, Charles C. (S) 800 E. Center St. (GP)
Haines, David W. 604 E. Winona Ave. (GP)
Hashemi, Hossein 602 S. Buffalo (GS)
Haymond, George 600 E. Winona Ave. (GS)
Keough, Thomas F. 600 E. Winona Ave. (IM)
Kim, I. H. 426 S. Buffalo (OO)
Lin, Y. C. 426 S. Buffalo (OO)
Moser, Arthur L. 600 E. Winona Ave. (GP)
Noel, Leonora G. 422 S. Buffalo (PD)
Parke, William C. 600 E. Winona Ave. (OBG)
Pierson, Pearl H. 602 S. Buffalo (GP)
Pullman, George R. Murphy Medical Center (R)
Ros, George A. 827 S. Union St. (GP)
Snider, Roland 604 E. Winona Ave. (GP)

LAGRANGE COUNTY

Hamer, John L.
4233 E. State Blvd., Fort Wayne 46805 (GP)
Willard, Richard
107 Three Rivers E., Fort Wayne 46802 (HYP)
Spindler, Richard G. Howe 46746 (GP)
Taylor, M. Reed, Jr. Howe 46746 (GP)

LAGRANGE
(*Zip Code* 46761)

Flannigan, Harley F. 213 W. Lafayette (GP)
Mellinger, Michael O. Medical Bldg. (GP)
Studebaker, Lloyd R. 300 N. Townline Rd. (GP)

Martin, Allen S. Shipshewana 46565 (GP)
Colligan, Francis X. Topeka 46571 (GP)
Lehman, Kenneth M. Topeka 46571 (GP)

LAKE COUNTY

CEDAR LAKE
(*Zip Code* 46303)

Gill, Harbans S. 13963 Morse St. (OO)
King, Robert W. 13301 Lincoln Plaza (GP)
Miller, Donald C. R.R. 2, Box 337 (GP)
Misch, William R.R. 2, Box 337 (GP)
Steward, Paul W. R.R. 2, Box 337 (GP)

CROWN POINT
(*Zip Code* 46307)

Beckman, Arthur 12110 Grant St. (GP)
Cabrera, Pelayo B. 1304 W. 124th St. (PATH)
Carpenter, Bennie F. 123 N. Court St. (GP)
Carroll, Mary E. 124 N. Main St. (GP)
Chivapruk, Charot 1099 S. Main St. (OO)
Gabato, Manuel B. 12110 Grant St. (IM)
Gutierrez, Peter E. 12110 Grant St. (FP)
Han, Daniel 12317 Kingfisher Rd. (PATH)

Horst, William N. 123 N. Court St. (GP)
Kinasiewicz, Leon E. ... St. Anthony Hospital (OO)
MacLeod, D. F. 2600 W. 93rd Ave. (OO)
Rieser, Aloys M., Jr.
St. Anthony Medical Center (PATH)
Russo, Andrew E. 12110 Grant St. (GP)
Steele, Everett B. 318 S. East St. (GP)
Usunov, Jordon 12110 Grant St. (OO)
Volan, George J. 405 W. Lincoln Way (ORS)
Yee, Lucio C., Jr. 12110 Grant St. (OO)

DYER

(*Zip Code* 46311)

Aaron, Baruch M. ...Our Lady of Mercy Hospital(D)
Blanco, Ramon M. 2167 Gettler St. (NS)
Cho, Sukin Our Lady of Mercy Hospital (OO)
Hirsch, Melvin L. Box 96 (IM)
Imperial, Benjamin E. P.O. Box 277 (GP)
Lipsey, Alfred J. Our Lady of Mercy Hospital (R)
Lopez, Filemon P. 212 Joliet (GP)

EAST CHICAGO

(*Zip Code* 46312)

Aron, Titu 1802 Columbus Drive (OO)
Barron, Elmer A. 3414 Michigan Ave. (GP)
Beiser, George D. 4321 Fir St. (CD)
Benchik, Frank A. 4712 Magoun Ave. (GP)
Beruben, Miguel F. Box 3159 (GP)
Boys, Fay F. (S) 4712 Magoun Ave. (GS)
Broomes, Edward L. C. ...2402 Broadway (GP)
Bryant, Edward G., Jr. 2220 Broadway (GP)
Campagna, Ettor A. 3406 Guthrie (GP)
Custodio, Camia St. Catherine Hospital (ANES)
Dainko, Alfred J. 915 W. Chicago Ave. (GS)
Dimailig, Gregorio H. 1802 Columbus Dr. (GP)
Downs, Kenneth R. 3210 Watling St. (OM)
Dumanian, Ara V. ...1820 E. Columbus Dr. (CD)
Dunning, Preston M. 3210 Watling (OM)
Fleischer, Jacob C. 4035 Elm St. (GP)
Frahm, Charles St. Catherine's Hosp. (IM)
Giragos, Henry G. ...1820 E. Columbus Dr. (TS)
Given, Gilbert Z. 3926 Main St. (PD)
Greenberg, Burton H. 4321 Fir St. (CD)
Grosso, William G. ...1919 E. Columbus Dr. (GP)
Hadidian, Henry A. ..1820 E. Columbus Drive (OO)
Harper, James W. 3847 Euclid (GP)
Hernandez, I. C. 1802 Columbus Dr. (GP)
Hooker, Rex R. 3001 Dickey Rd. (OM)
Jacobo, Miguel J. 1419 Carroll St. (GP)
Labitan, Cesar C. 4321 Fir St.
Lona, Marco A. 3619 Main St. (IM)
Mangahas, Violeta R. 4321 Fir St. (ANES)
Marks, Ora L. 815 W. Chicago Ave. (OBG)
Martirez, Napoleon A. ..4710 Indianapolis Blvd. (TS)
Maurer, William R., Jr.
Youngstown Sheet & Tube Co. (OM)
Milan, Shijachki D. (S) ..622 W. Chicago Ave. (GP)
Murillo, Herbert L. 4321 Fir St. (ER)
Nicosia, John B. 1802 E. Columbus Dr. (GS)
Payne, Arthur C. (S) 2020 Broadway (GP)
Pesigan, Conrado S. 1802 Columbus Dr. (R)
Reitman, Paul H. 4321 Fir St. (R)
Shaw, Gordon 4321 Fir St. (PATH)
Shulruff, Harry I. 3701 Main St. (OTO)
Suwanwilai, Charoen ...St. Catherine Hospital (OO)
Teegarden, Joseph A., Jr.
1919 E. Columbus Dr. (GP)
Winter, Donald K. 3210 Watling St. (GP)
Zivich, John M. 3701 Main St. (GP)

GARY

(*Zip Code* 464 *plus zone number*).

Abramson, Allan L. ...3290 Grant St. (08) (GP)
Acosta, Amador A. 504 Tyler (02) Resident
Agana, Adriano A. ...5000 W. Ridge Rd. (08) (GP)
Alfano, Paul A. 2717 Wabash (04) (TS)
Ambrozaitis, Kazys ...1600 W. Sixth Ave. (02) (R)
Balter, Eugene 1600 W. Sixth Ave. (02) (R)
Barthelemy, Douge ...2318 W. 5th Ave. (02) (PD)
Barton, Reginald R. 427 S. Lake (03) (GP)
Bell, O. Khaton 4801 W. Fifth Ave. (06) (OO)
Bergal, Milton B. ...2318 W. Fifth Ave. (04) (GP)
Bernard, Marvin R. 4431 Broadway (09) (NS)
Billena, Raymundo, Jr. 540 Tyler (02) (GP)
Bills, R. James 504 Broadway (02) (GS)
Bills, Robert N. (S) 504 Broadway (02) (GS)
Boone, Clarence W. 2200 Grant St. (04) (OBG)
Bornstein, Herschel 3233 Broadway (09) (GP)
Brown, Leo R. 3290 Grant St. (08) (GP)
Burton, Robt. L. 215 Broadway (OM)
Carey, J. Albert 2964 W. 11th Ave. (04) (GP)
Carmondy, Raymond F. .5284 Broadway (08) (OPH)
Choslovsky, Sydney Methodist Hosp. (02) (R)
Chua, Farida I. 3229 Broadway (09) (PD)
Chua, Felipe S. 540 Tyler St. (02) (TS)
Chube, David D. 1649 Broadway (07) (GP)
Cooper, Leo K. 504 Broadway (02) (ORS)
Daniel, Robert A. 427 South Lake St. (03) (PD)
Darling, Dorothy R. 807 Fayette (03) (ANES)
Davidson, Charles O. 2200 Grant (04) (OBG)
Deschamps, Domenico J. ...3290 Grant St. (08) (P)
Dierolf, Edward J. 504 Broadway (02) (GP)
Disney, Charles T. 504 Broadway (02) (GPM)
Doneff, Ronald H. ...5490 Broadway Plaza (08) (D)
Doumanian, Heratch O. 540 Tyler St. (02) (R)
Duncan, John S. (S) 710 Garfield (04) (GP)
Espy, Theodore R. 1901 Broadway (07) (GP)
Fisher, Forrest 215 Broadway (02) (OM)
Galban, Eufrosiana G. 701 Adams (02) (OO)
Gilles, Pierre L. 2200 Grant St. (04) (OTO)
Goldberg, Harold B. 3656 Grant (08) (GP)
Goldstone, Adolph 3229 Broadway (09) (GP)
Goldstone, Robert J. ...3229 Broadway (09) (OBG)
Goldstone, Sidney R. ...535 W. 35th Ave. (08) (GP)
Grant, Benjamin F. 1706 Broadway (07) (GP)
Gregoline, Eugene 4655 Broadway (09) (OBG)
Hedrick, James T. 2200 Grant St. (04) (GP)
Holliday, Alfonso 2200 Grant St. (04) (GS)
Jao, Rodolfo L. 5000 W. Ridge Rd. (08) (IM)
Johnson, Arnold L. ...2200 Grant St. (04) (OBG)
Kamen, Jack M. 540 Tyler St. (02) (ANES)
King, John Thomas ...4655 Broadway (09) (OBG)
Kobrin, Meyer W. 3229 Broadway (09) (GP)
Kopcha, Joseph E. 504 Broadway (02) (OBG)
Korn, Jerome M. 3290 Grant St. (08) (GP)
Lebioda, Henry S. ..5490 Broadway Plaza (08) (GP)
Lewis, Lucien A. 2200 Grant St. (04) (PD)

Lewis, William R. 4395 W. 5th St. (06) (GP)
Loh, Hwei-Ya (Chang)
252 Morningside Ave. (08) (PATH)
Loh, Wei-Ping 600 Grant St. (02) (PATH)
Lopez, Santiago A. ...4655 Broadway (09) (OBG)
Lorenty, Thaddeus B. 504 Broadway (02) (GP)
Lovell, Martin H. (S) ..120 W. 25th Ave. (02) (GP)
Lutz, Georgianna (S) ...504 Broadway (02) (GP)
Lytwakiwsky, Anatol 600 Grant St. (02) (PMR)
McDonald, Walter E. 2200 Grant St. (04) (GS)
Madrilejo, Nora G. P.O. Box 9007 (01) (ANES)
Manzano, Edmundo 540 Tyler St. (ANES)
Marcus, Morris C. (S) ..3229 Broadway (09) (OTO)
Martino, Robert S. 5587 Broadway (09) (ORS)
Mason, Earl 540 Tyler St. (02) (PATH)
Mather, J. Winford (S)
2250 Ripley St., East Gary (05) (GP)
Milos, Robert J. 504 Broadway (02) (TS)
Mitchell, Georgia B. 1706 Broadway (07) GP)
Molengraft, C. J. (S) 504 Broadway (02) (OBG)
Moore, Edwin G. 26 E. 15th St. (07) (GP)
Mott, William H. 2200 Grant St. (04) (ORS)
Nazon, Yvon J. 1649 Broadway (07) (OBG)
Nelson, Walfred A. 559 S. Lake St. (03) (GP)
Oberlander, Seymour ...3290 Grant St. (08) (IM)
Olivo, Marciano T.
1600 W. Sixth Ave. (02) (ANES)
Parratt, Louis W. 504 Broadway (02) (GP)
Penn, Robert A.
3820 Central Ave., East Gary (12) (GP)
Pettis, Arthur G. ...Methodist Hosp. (02) (ANES)
Platis, James M. 1000 E. South Place (10) (PS)
Rosenbloom, Philip J. (S) .571 Lincoln St. (02) (PH)
Ross, David E., Jr. ...2318 W. 5th Ave. (04) (GP)
Roth, Leo 3229 Broadway (09) (ORS)
Ryan, Hubert J. (S)
5490 Broadway Plaza (09) (PD)
Semerdjian, Aram 540 Tyler St. (02) (R)
Shapiro, Joseph 386 Mount St. (04) (GP)
Sinchai, Pravit 5284 Broadway (08) (OPH)
Somani, Indra K. 600 Grant St. (02) (PATH)
Stern, Mona K. 7535 E. Harold St. (03) (GP)
Thomas, Daniel D. 3290 Grant St. (08) (GP)
Thomas, Gerald J. 3920 Grant St. (08) (GS)
Thupvong, Chawtipya 540 Tyler St. (OO)
Valencia, Monico
2606 Central Ave., East Gary (05) (GP)
Veluz, Mario P.O. Box 882 (02) (ANES)
Voorhies, McKinley
1940 Massachusetts St. (07) (GP)
Wigutow, Marcus 535 W. 35th St. (08) (P)
Williams, Alexander S. .436 W. 25th Ave. (07) (GP)
Williams, Carl N. ...2401 W. 11th St. (04) (GP)
Williams, Edwin D. 628 E. 21st St. (07) (GP)
Wolf, Robert A. 535 W. 35th Ave. (08) (GP)
Wongse-Sanit, Vatchara ..540 Tyler St. (02) (ANES)
Wongse-Sanit, Yongyots ..540 Tyler St. (02) (ANES)
Yocum, Paul S., Jr. ...504 Broadway (02) (OPH)
Yocum, William S. 3656 Grant St. (08) (GP)
Young, Robert L. 504 Broadway (02) (OPH)

GRIFFITH

(*Zip Code* 46319)

Brauer, Abraham A. (S) 1010 Reyome Dr. (GP)
Cespedes, Carlos A. 401 N. Broad St. (GP)
Lundeberg, Ralph A. 1212 N. Broad St. (GP)
Purcell, Richard J. 433 N. Glenwood Dr. (GP)
Siekierski, Joseph M. 145 N. Griffith (GP)
Young, George M. 1109 35th Ave. (GP)

HAMMOND

(*Zip Code* 463 *plus zone number*)

Balaguer, Carmen V. .20 Kenwood St. (24) (ANES)
Brennan, Bess B. 2450 169th St. (23) (D)
Cotter, Edward R. 2415 169th St. (23) (GP)
Dizon, Belen R. ...St. Margaret Hosp. (20) (ANES)
Dragomer, Andrei S. 2450 169th St. (23) (GP)
Egnatz, Nicholas 30 Douglas Ave. (20) (GS)
Farinas, Cirilo 25 Douglas St. (20) (PATH)
Ferry, John L. 2450 169th St. (23) (IM)
Fischer, Burnell 49 Indi-Illi Park (24) (ANES)
Friedman, Isadore E.
7217 Indianapolis Blvd. (24) (OTO)
Hamby, William M.
5231 Hohman Ave. #628 (20) (OO)
Hammer, Michael
7018 Indianapolis Blvd. (24) (OBG)
Kaufman, Alan J. 30 Douglas St. (20) (NS)
Kolanko, Leon A. 30 Douglas St. (20) (GP)
Koransky, David S. ..6850 Hohman Ave. (24) (OPH)
Lacera Donaldo St. Margaret Hosp. (20) (PATH)
LaFollette, Forrest R. ...2450 169th St. (23) (GP)
Levin, Harvey J. 2450 169th St. (23) (GS)
Lewis, Rosa Hilda .5217 Hohman Ave. (20) (ANES)
Madarang, Napoleon 2450 169th St. (23) (GP)
Mangahas, Jovencio P. .7441 Arkansas (23) (GP)
Manley, Floyd 6010 Columbia Ave. (20) (GP)
Marks, Salvo P. ...6860 Hohman Ave. (24) (OPH)
Marquinez, Adoracion A.
5217 Hohman Ave. (20) (ANES)
Mason, Richard L. 132 Rimbach St. (20) (R)
Medina, Herbert M. 2450 169th St. (23) (GP)
Montes, Herminio Y.
5217 Hohman Ave. (21) (ANES)
Nunez, Gilbert T. ...8332 Kennedy Ave. (23) (GP)
Palmer, Barron M. F. ...6134 Columbia (20) (GP)
Peck, Edward A. 6422 Moraine Ave. (24) (GP)
Peiffer, Geraldine M.
St. Margaret Hospital (20) (ANES)
Pilot, Jean 5246 Hohman Ave. (20) (PATH)
Polite, Nicholas L.
7127 Indianapolis Blvd. (24) (OBG)
Premuda, Franklin F.
7042 Woodmar Ave. (23) (PD)
Ramker, Daniel T. ..7040 Kennedy Ave. (23) (GP)
Reed, Ronald R. 2450 169th St. (23) (IM)
Rhind, Alexander W. (S) 422 Conkey St. (24) (GP)
Rosenthal, Carl St. Margaret Hosp. (20) (R)
Sabo, William J. 429 Conkey St. (23) (ORS)
Schulfer, Richard J. ..7134 Calumet Ave. (24) (OO)
Schwartz, Mary M. ..7315 Forest Ave. (24) (ANES)
Solis, Roger V. 430 Conkey St. (24) (OBG)
Stasick, Murray ..7330 Indianapolis Blvd. (24) (GP)
Steen, Lowell H. 2450 169th St. (23) (IM)
Tanrikulu, Oran 2450 169th St. (23) (PD)
Tilka, Edward C. ...7134 Calumet Ave. (24) (GP)
Troy, Jack M. 2450 169th St. (23) (PD)

Tyrrell, Thomas C. 25 Douglas St. (20) (GS)
White, Gilbert H., Jr. .6429 Kennedy Ave. (22) (GP)
Willardo, Albert T. ...30 Douglas St. (20) (GP)
Wong, Samuel N. 30 Douglas St. (20) (GS)
Zallen, Stanley G. 6933 Kennedy Ave. (23) (GP)

HIGHLAND
(*Zip Code* 46322)

Angel, Virgil E. 2933 Jewett GP)
Bonaventura, A. P. 2914 Highway St. (GP)
Brennan, Wm. C. 2833 Lincoln St. (GS)
Dizon, Gaulberto R. Jr. 7950 Kennedy (GP)
Eugenides, Tatiana 8136 Kennedy (PD)
Florcruz, Arturo R. 3605 43rd St. (GP)
Gonzales, Sesinando A. ..2513 Highway Ave. (OBG)
Jimenez, Feliciano 7950 S. Kennedy Ave. (IM)
Lutz, Andreas L. 8136 Kennedy Ave. (OBG)
Min, David 9219 Indianapolis Ave. (OBG)
Rosales, Marina N. 8127 Kennedy Ave. (PD)
Serna, Carlos A. 2342 Ridge Rd. (IM)
Sokol, Allen B. 7420 Kennedy Ave. (PD)
Sroka, Stanley J. 2942 Highway Ave. (GP)
Trepagnier, Francis B. ...8123 Kennedy Ave. (OTO)
Urbanski, Walter P. ...2513 Highway Ave. (OBG)
Vergara, Abelardo F. 2943-42nd (OM)

HOBART
(*Zip Code* 46342)

Acosta, Araceli T. 418 Ruta Dr. (OO)
Almase, Rodolfo M. 904 W. Ridge Road (GS)
Carter, John O. 295 S. Wisconsin (GP)
Kellar, Philip E. 904 W. Ridge Rd. (GP)
Krsek, Archie J. 10 N. Michigan Ave. (GP)
Parker, Harry C. (S) 831 Garfield St. (OTO)
Pike, Warren H. 259 S. Wisconsin St. (GP)
Reed, John J. 10 N. Michigan Ave. (IM)
Stookey, Richard D. 295 S. Wisconsin (GP)
Wylie, Robert R. 904 W. Ridge Rd. (GP)

LOWELL
(*Zip Code* 46356)

Smith, Robert D. 308 E. Commercial (GP)
Templin, David B. Lowell Clinic (GP)

MERRILLVILLE
(*Zip Code* 46410)

Alvarez, Paul 7863 Broadway (GP)
Amico, Pasquale, J. 6111 Harrison St. (PUD)
Bicalho, Jose F. 6111 Harrison St. (OO)
Brasovan, Srbislav 6111 Harrison St. (OBG)
Brincko, John 6111 Harrison St. (U)
Carberry, Geo. A. 6111 Harrison St. (OBG)
Chip, Jerold N. 6111 Harrison St. (IM)
De La Paz, Oscar G. 6111 Harrison St. (U)
DeMelo, Luiz P. 6111 Harrison St. (ORS)
Dennison, Kumpol 1000 E. 80th #525 (OO)
Dhana, Srikietr 6111 Harrison St. (PD)
Doherty, Raymond J. 47 W. 68th Place (GP)
Fadul, Armand 47 W. 68th Place (IM)
Gehring, Thomas A. 6111 Harrison St. (GP)
Glover, Wm. J. 6111 Harrison St. (GS)
Goel, Arun K. 6111 Harrison St. (IM)
Goel, Sarla 6111 Harrison St. (PD)
Golding, Robert F. P.O. Box 8246 (ANES)
Goodwin, Thomas G. 6111 Harrison St. (GP)
Hadey, James H. 6111 Harrison St. (OBG)
Hoit, Leonard 7863 Broadway (D)
Hovanessian, Raffy A. 7863 Broadway (IM)
Huang, Tsau Yuen 1811 West 54th Ave. (OO)
Kmak, Chester J. 6111 Harrison St. (OBG)
Kolettis, John G. 6111 Harrison St. (GP)
Leman, Eugene 6111 Harrison St. (R)
Lin, Shou Gem 6111 Harrison St. (OO)
Minczewski, Richard C. ..5490 Broadway Plaza (GP)
Mirich, Ernest C. 960 W. 66th Ave. (IM)
Mirro, John A. 6111 Harrison St. (GP)
Moswin, Jack A. 7863 Broadway (OBG)
Olson, Leslie Dale 7863 Broadway (ORS)
Ornelas, Joseph P. 6111 Harrison St. (GP)
Pappas, Eddie T. 6429 Arthur St. (GP)
Phillips, Donald M. 647 E. 78th Place (GP)
Pierson, Howard 6111 Harrison St. (GP)
Pillay, Vijaya P. 1000 E. 80th #525 (OO)
Porapaiboon, Veera 6111 Harrison St. (OO)
Pruitt, Jacob E. 6111 Harrison St. (GP)
Rawlins, Steven J. 6111 Harrison St. (R)
Richter, Samuel 6111 Harrison St. (U)
Roig, Jose H. 6111 Harrison St. (OPH)
Rubin, Simon S. Twin Towers South, #527-S (A)
Saavedra, Bernardo 5800 Broadway (NS)
Sala, Joseph J. 5490 Broadway L-16 (GS)
Sala, Walter R. 5490 Broadway L-16 (GP)
Scully, John T. 6111 Harrison St. (IM)
Shapiro, Seymour W. 601 W. 61st Ave. (GS)
Slama, Geo. F. 6111 Harrison St. (GP)
Slama, John T. 6111 Harrison St. (GP)
Thupvong, Kosin 6111 Harrison St. (OO)
Tiffany, Joseph C. 6111 Harrison St. (OO)
Turgi, Robert W. 6111 Harrison St. (OTO)
Valenzuela, Roberto 5490 Broadway (GP)
Valenzuela, Sofia 5490 Broadway (PD)
Weiskoff, Henry S. 7863 Broadway (OPH)
Yast, Charles J. 6111 Harrison St. (OTO)
Zucker, Edward 7863 Broadway (PS)

MUNSTER
(*Zip Code* 46321)

Adler, Fred 509 Ridge Rd. (IM)
Ahn, Kyung J. 1328 Fisher (GS)
Allegretti, Michael L. 7905 Calumet Ave. (GP)
Angulo, Edilberto D. 110 Ridge Rd. (PD)
Arbeiter, Herbert I. 7550 Hohman Ave. (PD)
Arrowsmith, James L. 513 Ridge Rd. (U)
Auburn, Richard P. 7905 Calumet Ave. (GS)
Beconovich, Robert 7905 Calumet Ave. (GP)
Bleza, Maximo T. 7905 Calumet Ave. (GP)
Bombar, Leslie E. 7905 Calumet Ave. (GP)
Branco, Arthur M. 7905 Calumet Ave. (GS)
Brenner, Howard B. 7905 Calumet Ave. (OBG)
Brodersen, James D. 7905 Calumet Ave. (OPH)
Bunag, Homer U. 509 Ridge Rd. (OO)
Cha, Jin S. 7905 Calumet Ave. (OBG)
Chael, Thomas C. 7905 Calumet Ave. (GP)
Chung, Duck Joe 7550 Hohman Ave. (OO)
Chy-Koa, Leticia K. 110 Ridge Rd. (PD)
Costello, Albert J. 110 Ridge Rd. (OBG)
de la Cotera, Frederick G. ...7905 Calumet Ave. (U)

DePorter, Louis A. 7905 Calumet Ave. (GP)
Eggers, Henry W. 110 Ridge Rd. (OBG)
Ertan, Behic 7905 Calumet Ave. (IM)
Espino, Jose C. 7550 Calumet Ave. (GS)
Estacio, Romeo 7905 Calumet Ave. (GP)
Faulkner, Donald J. 7905 Calumet Ave. (GP)
Feinberg, Irwin 7550 Hohman Ave. (ORS)
Feldman, Howard E. 7905 Calumet Ave. (OM)
Feldner, Ronald P 110 Ridge Rd. (GP)
Fetrow, Kenneth O. 7905 Calumet Ave. (ORS)
Fitzpatrick, William J. 110 Ridge Rd. (GS)
Fox, Jack M. 7550 Hohman Ave. (D)
Frieske, David A. 7905 Calumet Ave. (P)
Galante, Albert 110 Ridge Rd. (OBG)
Galante, Gloria 625 Ridge Rd. (P)
Goldenberg, Mitchell E. 7550 Hohman Ave. (PS)
Gomez, Cesar M. 9429 Northcote Ave. (GS)
Gordon, Mark 7905 Calumet Ave. (D)
Grabow, Emil F. 7905 Calumet Ave. (OPH)
Grayson, Fred E. 513 Ridge Rd. (U)
Gross, Joseph O. 7905 Calumet Ave. (PD)
Gustaitis, John W., Jr. 7905 Calumet Ave. (OO)
Halum, Ramon G., Jr. 7905 Calumet Ave. (U)
Hammond, Stanley 7905 Calumet Ave. (P)
Han, Sang Ho 7550 Hohman Ave. (R)
Harvey, David M. 716 Seberger Drive (ORS)
Hehemann, William V. ...7905 Calumet Ave. (GP)
Helms, Charles E. 110 Ridge Rd. (GS)
Hieber, Frank R. 7905 Calumet Ave. (IM)
Husted, Robert G. 7905 Calumet Ave. (GP)
Kelly, George G. 7905 Calumet Ave. (GS)
Kenney, Francis D. 110 Ridge Rd. (GS)
Kitt, Walter 7550 Hohman Ave. (P)
Kott, Alexander 7550 Hohman Ave. (R)
Kuhn, Arthur J. 7905 Calumet Ave. (OTO)
Lanman, John U. 8146 Calumet Ave. (IM)
Larrabee, James F. 7905 Calumet Ave. (R)
Lautz, Herbert A. 7905 Calumet Ave. (OTO)
Luna, Manuel R. 110 Ridge Road (OBG)
Madlang, Rodolfo M. 513 Ridge Rd. (U)
Mansueto, Mario D. 509 Ridge Rd. (OTO)
Maroc, James A. 110 Ridge Rd. (GP)
Marshall, Wilbur J. 7905 Calumet Ave. (OBG)
Mason, John C. 7905 Calumet Ave. (GP)
Medina, Angelina V. 8217 Madison Ave. (GP)
Minkin, Ronald B. 7905 Calumet Ave. (D)
Mintz, Alfred M. 7550 Hohman Ave. (ORS)
Morris, William H. 7905 Calumet Ave. (PD)
Nakamura, Takamitsu 7905 Calumet Ave. (OTO)
Navarre, Vincent J. 509 Ridge Rd. (IM)
Neal, Leonard W. 7905 Calumet Ave. (GP)
Neer, David D. 7550 Hohman Ave. (N)
Pamintuan, Florino G. 7905 Calumet Ave. (IM)
Patel, D. A. 110 Ridge Road (PD)
Paul, Eudell G. 7550 Hohman Ave. (GS)
Polydefkis, Dimitri 509 Ridge Rd. (P)
Portney, Fred R. 7905 Calumet Ave. (U)
Predey, Thomas 110 Ridge Rd. (GP)
Rasch, George C., Jr. 1519 35th St. (GS)
Rawlins, Carolyn M. 7550 Hohman Ave. (OBG)
Raymundo, Luciano 7905 Calumet Ave. (ORS)
Remich, Antone, C. 7905 Calumet Ave. (GS)
Rendel, Donald T. 513 Ridge Rd. (PD)
Repay, Walter A. 513 Ridge Rd. (GP)
Rosevear, Henry J. 110 Ridge Rd. (GS)
Sabina, Robert 7905 Calumet Ave. (IM)
Santare, Vincent J. 513 Ridge Rd. (U)
Schlesinger, Daniel J. 7905 Calumet Ave. (GS)
Schmitt, Robert J. 7905 Calumet Ave. (P)
Schwartz, Jack 7550 Hohman Ave. (OBG)
Serrano, Jose F. 7905 Calumet Ave. (GS)
Shah, Rameshschandra 110 Ridge Rd. (IM)
Shetty, Dayananda 1814 Oriole Dr. (OTO)
Smith, Jerald E. 7905 Calumet Ave. (GP)
Smitley, Roger P. 110 Ridge Rd. (IM)
Sri-Utayopas, Prasit 7905 Calumet Ave. (ORS)
Stevens, Edwin W. 7905 Calumet Ave. (IM)
Stover, Marvin C., III 7905 Calumet Ave. (PD)
Szanto, Philip A. 7905 Calumet Ave. (PATH)
Tetalman, Marc R. 7905 Calumet Ave. (OO)
Trachtenberg, Lee H. 1646 45th St. (OPH)
Urba, Vytautas V. 7905 Calumet Ave. (P)
Valderrama, Hugo 1325 MacArthur (PATH)
Vandertoll, Donald 509 Ridge Rd. (GS)
Waiss, Elaine H. 8203 Schreibe Dr. (GP)
Walker, Adolph P. 8630 Linden Ave. (ANES)
Wang, Tieh Chun. 1327 Ridgeway (PATH)
Westhaysen, Peter V. 7550 Hohman Ave. (NS)
Wooden, Thomas F. 8354 Parkview (ANES)

Egnatz, Charles D.
U.S. Routes 41 & 30, Schererville 46375 (GP)

WHITING
(*Zip Code* 46394)

Becker, Samuel W. ...2075 Indianapolis Blvd. (D)
Best, Robert C. 2075 Indianapolis Blvd. (GP)
Claro, Joseph J. 2815 Indianapolis Blvd. (OM)
Frankowski, Clementine E. ...1706 LaPorte Ave. (GP)
Greisen, Jack C. 2075 Indianapolis Blvd. (GP)
Gustaitis, John W. 2075 Indianapolis Blvd. (GP)
Kudele, Louis T. 1700 Davis St. (ANES)
Rudser, Donald H. ...2075 Indianapolis Blvd. (GP)
Stecy, Peter 1902 Indianapolis Blvd. (GP)
Weinberg, Benjamin A. 1104 119th St. (GP)

Burkhart, Thomas A. Ball Memorial Hospital, Muncie 47303 (OO)
English, Hubert M. (S) 2209 St. Joe Center Rd., Fort Wayne, 46825 (OO)
Kendrick, Frank J. (S) ...2000 S. 15th St., Goshen 46526 (OO)
Angeles, Uldarico A. Box 910, Ogden Dunes, Portage 46368 (ANES)
Sebastian, Ricardo F.
6045-4 Canden Ave., Portage 46368 (OO)
DuSold, Donald D.
1000 Elizabeth St., Valparaiso 46383 (P)
Madrilego, Roberto B. 4102 Sleighbell Lane, Valparaiso 46383 (IM)

OUT OF STATE

Behn, Walter M. (S) 1327 College Ave., Wheaton, Ill. 60187 (OO)

Brand, Anna 656 Wentworth, Calumet City, Ill. 60409 (GP)
Dimitroff, Lambro 500 River Oaks Drive, Calumet City, Ill. 60409 (GP)
Gevirtz, Milton B. (S)
10141 E. Bay Harbor Dr., Miami Beach, Fla. 33154
Goldstone, Joseph (S) 1950 S. Ocean Drive, Apt. 19P, Hallandale, Fla. 33009 (OO)
Lilagan, Florentino R. ...20600 Arcadian Drive, Olympia Fields, Ill. 60461 (GS)
Montuori, Giulia
16617 Kenwood Ave., South Holland, Ill. 60473 (OO)
Murphy, Joseph F.
18225 Burnham Ave., Lansing, Ill. 60438 (P)
Perez, Adela M. 434 W. Deming Pl., Chicago, Ill. 60614 (Resident)
Reyes, Angel I.
5500 S. Shore Dr., #1604, Chicago, Ill. 60637 (GS)
Schulz, Kurt J.
800 Clinic Circle, Fairmont, Minn. 56301 (OPH)
Seyler, Anna G. (S)
2780 Hillcrest Dr., LaVerne, Calif. 91750 (OO)
Smith, Theodore J. (S)
1819 Mid Ocean Circle, Sarasota, Fla. 33580 (OO)
So, James ..3011 N. Racine, Chicago, Ill. 60657 (GS)
Spivack, Mary (S)
15731 Anadia Way, Van Nuys, Calif. 91406 (OO)
Stern, Samuel L. (S)
4330 Falmouth Dr., #307 C, Sarasota, Fla. 33577 (OO)
Toussaint, Linnie F.
9124 S. Bennett Ave., Chicago, Ill. 60617 (ANES)
Tyrrell, Joseph J.
800 State Line, Calumet City, Ill. 60409 (GS)

LA PORTE COUNTY

Salsburg, Herbert E. R.R. 1, Box 357, Hamlet 46532 (P)
Oak, David D., Jr. Hanna 46340 (GP)

LA PORTE

(*Zip Code* 46350)

Backer, George P. 806 Maple Ave. (R)
Backer, Mary B. 1533 Michigan Ave. (IM)
Carpentier, James R. 900 I St. (IM)
Carter, Fred S. 1200 Michigan Ave. (IM)
Durham, Lowell J. 316 Pine Lake Ave. (GP)
Elshout, Clem H. ..403 First Nat'l. Bank Bldg. (ANES)
Erwin, W. Robert 900 I St. (GP)
Datzman, Basil J. 103 W. 18th St. (GP)
Feinn, Harry S. 1013 Indiana Ave. (OTO)
Hagenow, Charles F. 103 W. 18th St. (OO)
Kelsey, Robert M., Jr. 1200 Michigan Ave. (GP)
Kepler, R. W. 1200 Michigan Ave. (PD)
Kim, Joon S. Community Hospital (PATH)
Mannion, Rodney A. 1003 Indiana Ave. (U)
Mead, Frank E. (S) 901 Indiana Ave. (GP)
Moore, William G. 301 Wile St. (GS)
Mueller, Edwin C. 900 I St. (GS)
Philbrook, Seth S. 705 Harrison St. (OPH)
Predd, Adolph C. 909 Madison St. (GP)
Richter, John C. 900 I St. (GS)
Sanchez, Jose D. P.O. Box 211 (ANES)
Scott, John S. 806 Maple Ave. (R)
Scupham, William 900 I St. (IM)
Sirugo, Aldo C. 6916 W. Johnson Rd. (OTO)
Sprecher, James J. J. 900 I St. (GP)
Tabaka, Francis B. 102 Lincolnway (GS)
von Asch, George 2030 Michigan Ave. (GP)
Young, Leon N. 1200 Michigan Ave. (ANES)
Zahrt, Frank H. ...Fox Village Medical Bldg. (GP)

MICHIGAN CITY

(*Zip Code* 46360)

Armstrong, Thomas D. 120 W. Ninth St. (GS)
Arney, Amos 1225 E. Coolspring Ave. (GP)
Baker, Warren (S) 427 Warren Bldg. (OPH)
Balinao, Reuben C. P.O. Box 197 (ANES)
Bankoff, Milton L. 1225 E. Coolspring Ave. (GP)
Battle, Frederick G. 3714 Franklin St. (GS)
Bergan, Joseph A. 217 W. Homer St. (GS)
Berkson, Myron E. ..1101 E. Coolspring Ave. (P)
Bremer, Windham St. Anthony Hosp. (R)
Frost, Robert J. 1701 Buffalo St. (PATH)
Galinis, Algimantas J. ..1225 E. Coolspring Rd. (GP)
Gilmore, Robert W. 1715 Buffalo St. (PD)
Gilmore, Russell A. (S) 304 Warren Bldg. (GP)
Hay, Gene R. 1225 E. Coolspring Ave. (IM)
Henderson, Norman C. 131 E. Eighth St. (OTO)
Hill, Theodore A. 1606 Lake Shore Dr. (P)
Hillenbrand, Charles 128 W. 10th St. (P)
Hodonos, Phillip E. 1225 E. Coolspring Ave. (GP)
Hogle, Frank D. 406 Warren Bldg. (P)
Houck, Richard 501 Warren Bldg. (OPH)
Jensen, James W. 1511 Wabash (OO)
Jones, King S. (S) 328½ Franklin St. (GP)
Kemp, John T. 122 E. Seventh St. (GP)
Kerr, Charlotte H. 1707 Buffalo St. (OBG)
Kerr, John E. 1709 Buffalo St. (U)
Kerrigan, John F. 916 Washington St. (GS)
Kerrigan, Robert L. (S) ...916 Washington St. (GP)
Kroczek, Stephen E. ...1225 E. Coolspring Ave. (OPH)
Kubik, Francis J. 902 Pine St. (GS)
Liddell, Charles K. 1225 E. Coolspring Ave. (GS)
Luce, John W. 1225 E. Coolspring Ave. (OBG)
Marske, Robert L. 1713 Buffalo St. (PD)
McBride, Robert E. 1701 Buffalo St. (PATH)
McInerney, Gerald T. 3714 S. Franklin St. (IM)
Miller, Maurice 1225 E. Coolspring Ave. (GP)
Milne, Walter S. 916 Washington St. (IM)
Mladick, Edward A. 1601 Franklin St. (ORS)
Moreira, Alvaro F. 901 Washington St. (P)
O'Brien, Raymond J. 1601 Franklin St. (ORS)
Paik, Geun 1225 Coolspring Ave. (OBG)
Paul, Leonard G. 1225 E. Coolspring Ave. (GP)
Phillips, John H. 1511 Wabash St. (GP)
Pilecki, Peter J. 1225 E. Coolspring Ave. (GP)
Plank, C. Robert 1511 Wabash St. #25 (R)
Potter, Brian 1225 E. Coolspring Ave. (D)
Predd, Florian M. 1225 E. Coolspring Ave. (GS)
Rivera, Felicidad 1511 Wabash St. (ANES)
Rivera, Julius 3714 Franklin (GS)
Smith, LeRoy A. 120 W. 9th St. (ORS)
Stark, William A. 1601 Franklin St. (ORS)

Ticsay, Bienvenido V. 801 Washington St. (U)
Walters, William H. 3714 Franklin St. (GS)
Weeks, Patrick H. (S) 1111 Cedar (P)
Weiss, Albert E. 1225 E. Coolspring Ave. (GP)
Weninger, Donald L. P.O. Box 485 (ANES)
Zalac, Donald A. 1511 Wabash St. (R)

Moosey, Louis Union Mills 46382 (GP)

WESTVILLE

(*Zip Code* 46391)

Adeva, Delores Beatty Hospital (GP)
Batacan, George A. Beatty Hospital (P)
Constan, Evan Box 473 (P)
Dian, August J. Beatty Hospital (P)
Dieter, William J. (S) Box 145 (NS)

LAWRENCE COUNTY

BEDFORD

(*Zip Code* 47421)

Austin, Richard P. ..Citizens Bank Bldg. (GP)
Azzam, Roshdi A. 2900 W. 16th St. (P)
Benham, Lawrence E. 25th & Q St. (GP)
Bennett, E. D. Luddington 28 Ravine Dr. (OO)
Crosby, Reid C. 2900 W. 16th St. (OBG)
Dino, Florian S.
Dunn Memorial Hospital, Doctors Park (GS)
Duncan, Raymond 2900 W. 16th St. (GP)
Dusard, Joseph C. (S)
304 Citizens Bank Bldg. (GP)
Edmonds, Kendrick Dunn Mem. Hospital (R)
Emery, Charles B. (S) 2325 Q St. (GP)
Fountaine, Thomas J. 1618 24th St. (GP)
Girgis, M. H. 2900 W. 16th St. (IM)
Gonzales, Raul C. 2900 W. 16th St. (R)
Hawkins, Richard D. Edgewood Clinic (PD)
Hoberock, Thomas R. 2900 W. 16th St. (GS)
Huber, Richard G. 219 Sycamore Dr. (FP)
Johnson, Wallace D. 2900 W. 16th St. (IM)
Kaderabek, Donal J. 2900 W. 16th St. (GS)
Kasting, Gerald E. 1622 24th St. (GP)
Kerr, Donald M. 2900 W. 16th St. (GP)
Livingston, Peter H. 2900 W. 16th St. (U)
Morrow, Robert J. 1317 L St. (GP)
Mount, James L. 2900 W. 16th St. (OBG)
Pillai, Vijavan V. Dunn Memorial Hospital (GP)
Pless, John Edward 1616 23rd St. (PATH)
Reuter, John W. ..U. S. Highway 50 E, R.R. 6 (OPH)
Sami, Abdel 2900 W. 16th St. (OO)
Sangalang, Zenaida S. 2325 Q (OBG)
Scherschel, John P. 1711 H St. (GP)
Sera, Segundo R. 2900 W. 16th St. (PD)
Sorrells, George W. 2900 W. 16th St. (PD)
Tan, Eugenio N. 1805 O St. (ANES)
Tanner, Martha J. 2900 W. 16th St. (IM)
Waldo, Guy H. 2900 W. 16th St. (IM)
Wohlfeld, Julius B. 1222 15th St. (GP)
Woolery, Richard H. 1310 W. 16th St. (GP)

Hamilton, James R. (S)
111 S. Seventh St., Mitchell 47446 (GP)
Odulio, Benito 121 S. 6th St., Mitchell (GS)
Odulio, Burnhilda 121 S. 6th St., Mitchell (IM)
Oswalt, James T. Mitchell (GP)
Hammel, Howard T. R.R. 2, Springville 47462 (GP)

MADISON COUNTY

ALEXANDRIA

(*Zip Code* 46001)

Gaunt, Everett W. 214 E. John St. (GP)
Irwin, Gerald P. R.R. 2, Box 594A (OO)
Overpeck, George H. (S) ..313 N. Harrison St. (GP)
Owen, Thomas F. 313 N. Harrison St. (GP)
Shafer, Richard H. 111 S. Harrison St. (GP)

ANDERSON

(*ZIP Code* 460 *plus zone number.*)

Abell, Wm. A. P.O. Box 2351 (11) (P)
Allen, Lawrence E. 2009 Brown St. (14) (U)
Anderson, William S. ..St. John's Hospital (14) (OO)
Armington, Charles L.
655 Anderson Bank Bldg. (16) (GP)
Austin, Charles E. 1415 Raible St. (11) (GP)
Baughn, William L. Guide Lamp (OM)
Beeler, Franklin K. ...1931 Brown St. (14) (GP)
Benedict, Harold G. ...1916 Jackson St. (16) (GP)
Bixler, Donald P. 1931 Brown St. (14) (OPH)
Blassaras, Crist A. 2005 Broadway (12) (GP)
Bowers, Charles R. 2009 Brown St. (14) (GS)
Bridges, Alvin L. 1302 Madison Ave. (11) (GP)
Buckles, David L. ...St. John's Hospital (14) (PATH)
Bush, Edward R. 714 E. Eighth St. (12) (GP)
Campbell, Frank ...1302 Madison Ave. (11) (GP)
Carson, Richard C. ...908 Winding Way (11) (ANES)
Daniel, Gerald O. Box 2413 (11) (R)
Dixon, Rex W. 1931 Brown St. (14) (GP)
Donaldson, Frank C. ...1931 Brown St. (14) (OBG)
Drake, James R. 2304 Meridian St. (14) (GP)
Drake, John C. (S) ..604 Anderson Bank Bldg. (16) (GS)
Drennen, Robert V. E. 2117 E. Fifth St. (GP)
Dulin, Basil B. St. John's Hospital (14) (R)
Elsten, Aubrey W. 1333 Maryland Drive (11) (GP)
Faust, Howard M., Jr.
1508 N. Madison Ave. (12) (GP)
Ferguson, Donald H. ...2009 Brown St. (14) (IM)
Fischer, Warren E. ...St. John's Hospital (14) (R)
Gahimer, Joe E. 215 W. 19th St. (14) (IM)
Gray, William J. 2117 E. Fifth St. (12) GP)
Hensler, Benton M. 1415 Raible (11) (GP)
Jarrett, Paul E. 1415 Raible (11) (OBG)
Jones, David G. ...1504 N. Madison Ave. (12) (GP)
Jones, John David ..3122 Meadowcrest Dr. (11) (GP)
Kepner, Robert S. 1431 N. Madison Ave. (12)
King, Charles R. 1415 Raible St. (11) (GP)
Kopp, William R. 333 Jackson (12) (GS)
Land, Richard N. 2009 Brown St. (14) (R)
Larmore, Joseph L. ..612 Anderson Bank Bldg. (16) (OTO)

Lind, John D. 4019 Columbus Ave. (14) (GP)
Long, Paul L. (S)
405 Anderson Bank Bldg. (16) (GP)
McCurdy, Robert W. ...2117 E. Fifth St. (12) (GS)
McDonald, Virgil G (S) ..1019 Delaware St. (16) (OO)
Moneyhun, James E. 2009 Brown St. (14) (GP)
Morris, Robert A. 1309 Park Rd. (11) (PD)
Nesbit, Leonard L. (S)
415 Citizens Bank Bldg. (16) (OTO)
Patterson, William K. ...8 S. Park Dr. (11) (ANES)
Polhemus, Warren C. 1803 Pearl St. (16) (GP)
Price, Ambrose M.
1431 N. Madison Ave. (12) (GP)
Reed, Roger R. 1601 Van Buskirk Rd. (11) (GS)
Rosenbaum, Lloyd E.
647 Citizens Bank Bldg. (16) (IM)
Ross, Guy E. 1931 Brown St. (14) (PD)
Royer, John D. Delco Remy Division (11) (OM)
Schemmer, Kenneth E. 1931 Brown St. (14) (GS)
Sharp, William L. ..559 Citizens Bank Bldg. (16) (P)
Sheldon, Suel A. ..508 Anderson Bank Bldg. (16) (D)
Stamper, Joseph H (S) ...1415 Raible Ave. (11) (ANES)
Stamper, Robert L. 1415 Raible (11) (GP)
Starks, William O. ...3405 Nichol Ave. (11) (ORS)
Stevenson, Jerry L. ...St. John's Hosp. (14) (PATH)
Stinson, William M. 333 Jackson St. (11) (GP)
Szumilas, Peter P. 2009 Brown St. (14) (OBG)
Taylor, James A. Delco Remy Div. (11) (OM)
Tierney, William J. 1431 N. Madison (12) (GS)
Wagoner, John R. 215 W. 19th St. (16) (U)
Webb, Harry D. ..515 Citizens Bank Bldg. (16) (GP)
Weiss, Louis L. 830 Harter Blvd. (11) (ANES)
Whitaker, Jack D. ..Community Hosp. (11) (PATH)
Wilder, Gordon B. (S)
1337 N. Nursery Rd. (16) (OO)
Wilkinson, Roger L. ..522 W. 8th St. Suite A. (16) (GP)
Williams, Francis M. ...1132 Central Ave. (16) (IM)
Williams, Robert D. ...2009 Brown St. (14) (GP)
Williams, Robert H. 2009 Brown St. (14) (OO)
Woodall, John 1302 S. Madison Ave. (11) (GP)
Woodbury, Clarence R. ..3405 Nichol Ave. (11) (ORS)
Wright, Cecil S. (S) ..207 Beverly Terrace (11) (R)

ELWOOD
(*Zip Code* 46036)

Buechler, William F. 1817 South A St. (GP)
Fitzpatrick, Harry W. (S) ..1309 S. Anderson St. (GP)
Hanson, Martin F. 100 N. First St. (GP)
Laudeman, Walter A. 1515 North A St. (GP)
Scea, Wallace A. 1601 S. Anderson St. (GP)

Ferrell, Mars B. Fortville 46040 (GP)
Ridgway, Alton H. Lapel 46051 (GP)
Doles, Ted S. Middletown 47356 (GP)
Foley, Phillip D. Middletown 47356 (GP)
Reynolds, Ralph E. Middletown 47356 (GP)
Van Ness, William C. ...Summitville 46070 (GP)
Leahy, Howard J. (S) 102 S. Main St., Pendleton 46064 (GP)
Litzenberger, Sam W. (S) ..360 Fiesta Ave., Tequesta, Fla. 33458 (U)
Ellis, Seth W. (S)
740 Northland Rd., #F, Cincinnati, Ohio 45240 (OO)

MARION COUNTY

BEECH GROVE
(*Zip Code* 46107)

Alig, Howard M. 1500 Albany St. (OPH)
Atz, William 1500 Albany St. (ORS)
Chevalier, Robert F. St. Francis Hospital (CD)
Christie, Marvin C. 3655 S. Sherman (GP)
Chua, Gonzalo I. St. Francis Hosp. (R)
Dill, Charles W. 3655 S. Sherman Dr. (GP)
Donnelly, Robert W. 1500 Albany St. #906 (R)
Fortuna, Frank W. 1615 Main St. (GP)
Graber, Martin J. 101 N. 17th St. (GP)
Joseph, Rex Morris 1500 Albany St. (GP)
Katterjohn, James C. 1500 Albany St. #906 (R)
Kerner, Donald J. 1615 Main St. (FP)
McCartney, Donald H. 1500 Albany St. (ORS)
Mandel, Darrel S. 1500 Albany St. #906 (R)
Rademacher, Wade 1500 Albany St. (ORS)
Sauer, John B. 3655 S. Sherman Dr. (FP)
Schmalhausen, Ansel W. ..1500 Albany St. #806 (GS)
Serrano, Edward St. Francis Hospital (ER)
Sheehan, Francis G. St. Francis Hospital (GP)
Stayton, Chester A., Jr. ...1500 Albany St. #906 (R)
Teague, Frank W. 1500 Albany St. (ORS)
Zerfas, Charles P. A. 926 Main St. (GP)

Steury, Ernest M. ...524 Center, Berne 46711 (OO)
Aronoff, Michael S. ..600 N. Jordan St., Bloomington 47401 (IM)
Link, Goethe (S) Box 84, Brooklyn 46111 (OO)

CARMEL
(*Zip Code* 46032)

Carlson, Milton R.
12415 Brookshire Pkwy. (ORS) (Resident)
Eskew, Philip N., Jr. ..614 S. Range Line Rd. (OBG)
Freeman, Max E. 89 First Ave. (FP)
Glanzman, Norman 32 First St. (FP)
Harris, Carl B. 833 W. Main St. (OPH)
Hasewinkel, Carroll W. ...R. R. #2, Box 354 (ANES)
Hennessee, Samuel D. 622 Rangeline Rd. (FP)
Kendall, William R. 60 Wildwood Dr. (ANES)
Klutinoty, George II 6212 Rangeline Rd. (FP)
McPike, Joseph D. 44 Horseshoe Lane (ER)
Oldham, Alberta K. 505 W. 106th St. (GP)
Perez, Cesar E. Box 622 (ANES)
Perez, Hilda A. Box 622 (ANES)

Willhite, Larry G.
4232 Riverside Dr., Columbus 47201 (ANES)
Seymore, Castoria, Jr.
Ft. Benjamin Harrison 46229 (ANES) Military
Vandivier, Robert M.
R. R. 3, Box 144B, Franklin 46131 (OO)

Gabrielson, Ted H.
120 W. McKenzie Rd., Greenfield 46140 (GS)
Pierce, Emmett C., Jr.
Box 708, Greenfield 46140 (PATH)

GREENWOOD
(*Zip Code* 46142)

Atkins, Clayton H. 100 N. Madison Ave. (GP)
Atkins, Steven D. 100 N. Madison Ave. (GP)
Cohn, Alvin F. R.R. 5, Box 548 (ANES)
DeMotte, C. Bowen (S) Box 44 (GP)
Jennings, Frank L. (S) ..Westminster Village, U.S. #31
Onyett, Harold R. Box 358 (GP)

Asher, James W. ..4730 W. 72nd St., New Augusta 46268 (GP)
Reyes, Nestor
U.S. 31 & Tracy, New Whiteland 46184 (FP)
Browning, William M. ..R.R. 1, Box 221-E, Nineveh 46164 (PD)
Jay, Arthur N.
R.R. 1, Box 10713, Nineveh 46164 (ADM)
Paynter, Morris B. (S)
115 White Horse Lane, Noblesville 46060 (GP)
Sicks, Okla W. (S) R. 1, Box 214, Syracuse 46567 (OO)
Sovine, J. W. R. #1, Woodburn 46796 (OO)

ZIONSVILLE
(*Zip Code* 46077)

Harvey, Verne K., Sr. (S) R. R. 2, Box 354 (OO)
Ridolfo, Anthony S. R.R. 1, Box 121 (IM)
Schwarz, Anton J. F. Box 10 (SR)

INDIANAPOLIS
(*Zip Code* 462 *plus zone number.*)

A

Addleman, Robert H. ..5540 Woodside Dr. (08) (ANES)
Adkins, Harold C. (S) 708 E. 46th St. (05) (GP)
Ahearn, Daniel J. 5470 E. 16th St. (18) (IM)
Albertson, Frank P. ...5031 Rockville Rd. (24) (GP)
Albrecht, Willard H. ..7400 Hollingsworth Dr. (68) (ANES)
Aldrich, Howard (S) ..4316 E. Washington St. (01) (GP)
Alexander, Jeffrey L. Riley Hosp. (02) (PD)
Alig, Vincent B. 1815 N. Capitol Ave. (02) (P)
All, Barbara B. 1815 N. Capitol Ave. (02) (ANES)
Allen, Robert K. 737 Sherwood Dr. (40) (IM)
Alley, Thomas W. ..2020 W. 86th St., #307 (60) (IM)
Alvis, David L. 9100 Meridian Sq. (60) (OPH)
Alvis, Edmond O. (S)
9100 Meridian Sq. (60) (OPH)
Anderson, James W. 3140 N. Illinois (02) (GP)
Anshutz, William M. ...6340 Braemore Rd. (20) (R)
Antreasian, Berj ..1303 N. Arlington Ave. (19) (IM)
Appel, Richard H. (S)
320 Hume Mansur Bldg. (04) (PR)
Applegate, George W. ..2020 W. 86th St., #307 (60) (IM)
Arbuckle, Russell L. ...1530 N. Illinois St. (02) (GP)
Arbuckle, William E. (S). ..1150 S. Sheffield (21) (GP)
Armer, Robert M. ...3500 Lafayette Rd. (22) (PD)
Armstead, John W. ...2140 N. Capitol Ave. (02) (OBG)
Arnold, Aaron L. ...6221 N. Keystone Ave. (20) (GP)
Arnold, Robert D. 5470 E. 16th St. (18) (OBG)
Aronson, Sidney S. (S) ..#3360, One Indiana Square (04) (OO)
Assue, Clare M. 1315 W. 10th St. (02) (P)
Athar, Shahid ..1481 W. Tenth St. (02) (IM) Resident
Aull, Edward B. 6214 Broadway (20) (OO)
Avery, George O. 17 S. Traub (22) (GP)

B

Baadj, Abdel G. 2809 S. Holt Rd. (41) (GS)
Babcock, James L. ..I.U. Medical Center (02) (ORS)
Bachmann, Arnold J. ..3736 N. Delaware St. (05) (OBG)
Bader, Joseph 6457 Bramwood Ct. (56) (SR)
Baird, Melvin S. 19 W. 22nd St. (02) (GP)
Balch, James F., Jr. 8402 Harcourt Rd. (60) (U)
Ball, Joseph E. 4312 E. 10th St. (01) (GP)
Banas, William R. 2236 Fair Oaks Dr. (24) (Resident)
Barnes, Gilbert H. ...513 S. Sherman Dr. (03) (GP)
Bartley, Max D. 801 Hume Mansur Bldg. (04) (OPH)
Bastnagel, William F. ..8402 Harcourt Rd. (60) (IM)
Bate, M. H. 8402 Harcourt Rd. #617 (60) (GS)
Bates, Laurence H. ...3524 N. Meridian St. (08) (IM)
Battersby, J. Stanley ..I.U. Medical Center (02) (GS)
Batties, Paul A. 2142 N. Capitol Ave. (02) (GP)
Bauer, Thomas B. ..115 N. Penn. St. #1144 (04) (PS)
Baumeister, Herbert E.
3266 N. Meridian St. (08) (ANES)
Baxter, John P. 3266 N. Meridian St. (08) (GS)
Beach, Robert R. (S)
5810 E. Pleasant Run Pkwy., N. Dr. (19) (OO)
Beams, Ronald N. 5506 E. 16th St. (18) (OPH)
Beaver, Howard W. ...2930 Madison Ave. (25) (GP)
Bechtol, Lavon D. 740 S. Alabama St. (06) (SR)
Beck, Evart M. 915 E. 38th St. (05) (IM)
Becker, Harry G. 6060 College Ave. (20) (GS)
Beeler, John W. 1815 N. Capitol Ave. (02) (R)
Beeler, Raymond C. (S) 3 Virginia Ave. (04) (OO)
Beering, Steven C. ...I. U. Medical Center (02) (IM)
Belshaw, George 1640 N. Ritter Ave. (18) (OBG)
Belt, James H. 6225 Broadway (20) (PD)
Bender, Bruce H. 4949 Carson Ave. (27) (IM)
Benedict, Paul F. 3949 Meadows Dr. (05) (GS)
Bennett, Ivan F. Lilly Clinic, MCGH (02) (P)
Bennett, James E. I. U. Medical Center (02) (PS)
Benson J. Thomas ..3266 N. Meridian St. (08) (OBG)
Benz, James A. ..7201 Sylvan Ridge Rd. (40) (PATH)
Berman, Edward J. ...3426 N. Meridian St. (08) (GS)

Berman, Jacob K. (S) ...3939 Cooper Lane (08) (GS)
Bhagwandin, Harry O. ..4761 Southeastern Ave. (03) (IM)
Bibler, Lester D. (S) .. 1815 N. Capitol Ave. (02) (GP)
Biegel, Angenieta A. ...I. U. Medical Center (02) (IM)
Bill, Robert O. 3231 N. Meridian St. (08) (P)
Bixler, Gloria Anne .8402 Harcourt Rd #317 (60) (P)
Black, Henry R. 7851 Holly Creek Dr. (40) (IM)
Blackburn, Robert A.
528 N. Turtle Creek, E. Dr. (27) (OTO)
Blackford, Florence (S) ...5909 E. 10th St. (19) (R)
Blackford, Ralph E. (S) ..5909 E. 10th St. (19) (GS)
Blackwell, Donald S. ...1815 N. Capitol Ave. (02) (ORS)
Blake, Albert L. 1802 N. Illinois St. (02) (IM)
Blankenbaker, Ronald Methodist Hosp. (02) (FP)
Blatt, A. Ebner ...3266 N. Meridian St. (08) (IM)
Bloemker, Edward F. 2729 Shelby St. (03) (GP)
Blythe, Jerry E. ..924A Park Central Dr. S. (60) (GP)
Boester, Jeffrey A.
7431 Countrybrook Dr. (60) (OBG)
Boggs, Eugene F. (S) 8 E. Troy Ave. (25) (IM)
Bojrab, Louis D.
I.U. Medical Center (02) (ANES) (Resident)
Boling, Frederick F. ...3049 S. Holt Rd. (41) (GP)
Boling, Grover C. 1440 E. 46th St. (05) (GP)
Bolinger, Garry L. 301 E. 38th St. (05) (PATH)
Bond, Virginia 4525 W. 59th St. (54) (ANES)
Bond, William H. I. U. Medical Center (02) (IM)
Bonsett, Charles A. 6133 E. 54th Pl. (26) (N)
Booher, Olga Bonke ..2818 Barbary Ln. (05) (PD)
Booth, Boynton H. 8800 N. Meridian St. (60) (D)
Boyce, Paul A. 1010 E. 86th St. (40) (IM)
Boyer, Floyd A. (S) ..442 N. Drexel Ave. (01) (GP)
Brady, Thomas A. ...1815 N. Capitol Ave. (02) (ORS)
Brantly, James M. ...11175 Southeast Ave. (59) (IM)
Brayton, Lee 3930 N. Illinois St. (08) (GP)
Brickley, Harry D. ...3266 N. Meridian St. (08) (GS)
Brickley, Richard A. ...3266 N. Meridian St. (08) (GS)
Briggs, Robert W. 2140 N. Capitol (02) (IM)
Brillhart, James R. ...5506 E. 16th St. (18) (OBG)
Brissenden, R.B., III ...1919 N. Capitol Ave. (02) (OM)
Brogan, Thomas M. 1265 W. 86th St. (60) (GP)
Brooks, Fred R., Jr. ..3500 Lafayette Rd. (22) (GP)
Brown, David E. ..1944 N. Capitol Ave. (02) (OTO)
Brown, DeWitt W. 1633 N. Capitol Ave. (02) (P)
Brown, Earl R., Jr. 1500 N. Ritter Ave. (19) (R)
Brown, Frances T. (S) ..2126 N. Talbot Ave. (02) (GP)
Brown, Frank M. 2875 Clifton (08) (FP)
Brown, Gordon T. 3266 N. Meridan (08) (P)
Brown, Wendell E. ..3426 N. Meridian St. (08) (PD)
Browning, James S. ..3120 N. Meridian St. (08) (IM)
Brownley, E. Jane 2840 N. High School Rd. (24) (PD)
Bruce, Reginald A. Methodist Hosp. (02) (R)
Brueckmann, F. Robert
1815 N. Capitol Ave., #401 (02) (ORS)
Buehl, Isabelle A. 301 E. 38th St. (05) (PATH)
Bullard, J. Roger 3266 N. Meridian (08) (ANES)
Buntin, Presley T. ..8726 Old Town Lane (60) (GS)
Burdette, Harold F. ...3266 N. Meridian St. (08) (IM)
Burghard, Rolla D. ...1500 N. Ritter Ave. (19) (GP)
Burt, Michael 7818 Providence Circle (50) (NS)
Butler, John O. 4949 Carson Ave. (27) (IM)
Butler, Robert M. ...3426 N. Meridian St. (08) (PD)
Butterworth, Joseph C. ...3266 N. Meridian St. (08) (U)

C

Cahn, Hugo M. (S) ...6416 Hoover Rd. (60) (OO)
Cahn, Peter H. 9100 Meridian Sq. (60) (OPH)
Caldwell, Marilyn R. 111 E. 53rd St. (20) (P)
Calland, Sabra W. MCGH, 960 Locke St. (PATH)
Campbell, H. Edwin, Jr.
8402 Harcourt Rd. (60) (OBG)
Campbell, Richard W. ..3625 E. 71st St. (20) (IM)
Campbell, Robert L. ..I.U. Medical Center (02) (NS)
Caplin, Irvin 1815 N. Capitol Ave. (02) (A)
Caputi, Saverio, Jr. ...534 Turtle Creek Dr. #C2 (R)
Card, William C. 650 E. 80th St. (40) (PATH)
Carter, Charles B. 5470 E. 16th St. #9 (18) (IM)
Carter, James E. ...I. U. Medical Center (02) (OBG)
Cassady, James E. 2020 W. 86th St. (60) (IM)
Cattell, Lee M. 3266 N. Meridian St. (08) (ORS)
Cavins, John A. 8402 Harcourt Rd. (60) (IM)
Chapman, Wm. E. 3266 N. Meridian (08) (U)
Chattin, William R. ...4829 E. 38th St. (18) (PD)
Chavez, Mauro, E. ..2840 N. High School Rd. (24) (OBG)
Chen, Ko Kuei (S) ..I. U. Medical Center (02) (IM)
Chernish, Stanley M. ..Lilly Clinic, MCGH (02) (IM)
Cheung, Amy A. ...Riley Hospital (02) (PD) Resident
Chivington, Paul V., Jr.
1815 N. Capitol Ave. (02) (D)
Christensen, Charles N.
307 E. McCarty (06) (ADM)
Chroniak, Walter ..41 N. Shortridge Rd. (19) (IM)
Clark, Charles M. Jr. ...1481 W. Tenth St. (02) (IM)
Clark, Edward E. ..3731 N. Keystone Ave. (18) (GP)
Clark, George A. ..822 Hume Mansur Bldg. (04) (OPH)
Clark, Lawson J. ...3736 N. Delaware St. (05) (OBG)
Cline, Donald L. 2020 W. 86th St. (60) (OBG)
Clutter, David R. 6505 E. 82nd St. (50) (FP)
Cobb, Clarence M. ..3202 N. Meridian St. (08) (PATH)
Cockerill, Edward M. 7213 Lakeside (78) (R)
Cockrell, Dale K. 8224 Madison Ave. (27) (GP)
Coggeshall, Warren E. ..3524 N. Meridian St. (08) (IM)
Collins, Hubert L. ..985 N. Arlington Ave. (19) (GP)
Collins, Robert C. ..3440 N. Meridian St. (08) (GP)
Conway, Chester C. ...4402 E. New York St. (01) (GP)
Conway, Glenn (S) 1620 S. East St. (25) (GP)
Cookson, Lawrence U. 1010 E. 86th St. (40) (R)

Cooper, Daniel F. ..1815 N. Capitol Ave. (02) (NS)
Copher, David E. 3266 N. Meridian (08) (OBG)
Cornacchione, Matthew ..932 Illinois Bldg. (04) (GP)
Cortese, James V. 3901 S. East St. (27) (GP)
Cortese, Thomas A. ...3901 S. East St. (27) (GS)
Cortese, Thomas A., Jr.
528 Turtlecreek N. Dr., (27) (D)
Costin, Robert L. ...301 E. 38th St. (05) (PATH)
Coughenour, J. Robert 534 Turtle Creek, N. Dr. (27) (GP)
Countryman, Frank W. ..1815 N. Capitol Ave. (02) (P)
Craft, Kenneth L. (S) ..2245 S. Sheridan Ave. (03) (OTO)
Craig, Alexander F. ..5350 E. 38th St. (18) (ANES)
Cravens, Frederick A. 3351 N. Meridian St. (08) (OBG)
Cravens, Robert E. ..8402 Harcourt Rd. (60) (ORS)
Crawford, John A. ..8402 Harcourt Rd. (60) (ORS)
Cronin, H. Joseph ...7843 Windcomb Blvd. (40) (R)
Cross, David G. St. Vincent's Hosp. (60) (GP)
Crossin, James A. ...1815 N. Capitol Ave. (02) (GS)
Culbertson, Clyde G. ...Lilly Research Labs. (06) (PATH)
Cumming, James R. 6214 Broadway (20) (PD
Cummins, Douglas F.
Marion Co. Gen. Hosp. (02) (ANES)
Cure, Charles W. ...1815 N. Capitol Ave. (02) (NS)
Curry, R. Louis 5705 E. 38th St. (18) (GP)
Cusick, James A. ..8821 Rexford Road (60) (ANES)
Cuthbert, Marvin P. ..3266 N. Meridian St. (08) (OPH)
Czenkusch, Helen G. ..2840 High School Rd. (24) (PD)

D

Daley, Edward H. ..5350 E. 38th St. (18) (ANES)
Dallas, Fred R. 1640 N. Ritter Ave. (18) (U)
Dallas, Mary E. 3649 E. 71st St. (20) (ANES)
Dalton, William W.
Lilly Research Labs., (06) (OM)
Daly, Joseph M. 532 Turtle Creek, N. Dr. (27) (PD)
Daly, Walter J. IUMC, 1100 W. Michigan (02) (IM)
Darbro, David A. 2124 E. Hanna (27) (GP)
Darnell, Jeffrey C. 1802 N. Illinois St. (02) (IM)
Davidson, Dale A. ..1815 N. Capitol Ave. (02) (PS)
Davidson, Jaime A.
Marion Co. Gen. Hospital (02) (IM)
Davis, Bennie L. 2615 N. Capitol Ave. (08) (U)
Davis, Larry M. 1318 N. Ritter Ave. (19) (P)
Davis, Margaret M. ..2603 W. 42nd St. (08) (ANES)
Davis, Sam J. 115 N. Pennsylvania, #1252 (04) (ORS)
Deacon, Walter E. 5037 Guion Rd. (54) (PH)
Deal, Eleanor H. 4917 W. 15th St. (24) (GP)
Dearmin, Robert M. (S) ..6616 Spring Mill Rd. (60) (OO)
DeArmond, Murray (S) ..1815 N. Capitol Ave. (02) (NS)
DeBrota, John, Jr. ..3266 N. Meridian St. (08) (ANES)
Decatur, David R. ..1303 N. Arlington Ave. (19) (GP)
Deever, John W. 4131 Shelby St. (27) (OBG)
Deitch, Robert D. ...7210 Madison Ave. (27) (OPH)
Denny, Forrest L. ...3351 W. 10th St. (22) (GP)
Denny, James W. (S) ...25 N. Ritter Ave. (19) (GP)
Deogracias, Monica D. ...4002 Meadows Dr. (05) (ANES)
DeRosa, G. Paul IUMC, 1100 W. Michigan (02) (ORS)
DeWees, Dwight L. (S) ..302 N. Bradley Ave. (01) (GP)
DeWester, Gerald M. ...4949 Carson Ave. (27) (GP)
Dick, William H. 2020 W. 86th St. (60) (IM)
Dickson, Carolyn L. 501 N. West St. (02) (GP)
Dill, Myron K. 3120 N. Meridian St. (08) (IM)
Dillon, Gary P.
I.U. Medical Center (02) (D) (Resident)
Dilts, Robert L. 2521 E. 38th St. (18) (GP)
Dintaman, Paul G. 2525 E. 58th St. (20) (IM)
Dolan, Patrick A. Methodist Hospital (02) (R)
Donahue, James M. ...1815 N. Capitol Ave. (02) (P)
Donato, Albert M. 1429 Shelby St. (03) (GP)
Donohue, John P. ..IUMC, 1100 W. Michigan (02) (U)
Doran, J. Hal 8402 Harcourt Rd. (60) (IM)
Doughty, Samuel R., Jr. ..5350 E. 38th St. (18) (ANES)
Douglas, William T. 3266 N. Meridian St. (08) (ANES)
Dowd, Joseph A. ...525 W. Hampton Dr. (08) (IM)
Dryden, Gale E. 5835 N. Tacoma (20) (ANES)
Dubois, Don R. 7150 S. Madison (27) (PD)
Dugan, William M., Jr. ...3524 N. Meridian St. (08) (IM)
Duncan, Stuart J. 3037 S. Meridian St. (27) (GP)
Dunkin, Ramon S. ...3266 N. Meridian St. (08) (IM)
Dyar, Edwin W. ..2020 W. 86th St. (60) (OPH)
Dyar, Robert W. ...2020 W. 86th St. (60) (OPH)
Dyke, Richard W. ..Marion Co. General Hospital (02) (IM)
Dyken, Mark L. ...IUMC, 1100 W. Michigan (02) (N)

E

Earp, Evanson B. (S) ..3368 Washington Blvd. (05) (GP)
Eastlund, Marvin E. ..7661 Harcourt Rd. (60) (OBG)
Eaton, Edwin R. ...Community Hospital (19) (GS)
Eaton, Lyman D. 4829 E. 38th St. (18) (IM)
Ebert, J. Wayne (S) ..1618 E. Stop 11 Rd. (27) (GP)
Echt, Charles R. 3266 N. Meridian (08) (OBG)
Edmands, Robert E. ..1213 N. Arlington Ave., (19) (IM)
Edwards, David J. ..1330 W. Michigan St. (06) (PH)
Edwards, Joshua L.
I.U. Medical Center (02) (PATH)
Edwards, Judith A. ..1032 Navajo Trail S. Dr. (60) (P)
Edwards, Wendell L. ..Methodist Hospital (02) (ANES)
Egbert, Herbert L. 5317 E. 16th St. (18) (GS)

Ehrlich, Clarence E.
I.U. Medical Center (02) (GYN)
Eicher, Palmer O. ...3266 N. Meridian St. (08) (ORS)
Einhorn, Lawrence H.
I.U. Medical Center (02) (IM)
Eldridge, Gail E. 1440 E. 46th St. (05) (GP)
Elkins, James P. 7210 Madison (27) (OBG)
Elliott, Daniel R. 3500 Lafayette Rd. (22) (R)
Elliott, William C. ...3524 N. Meridian St. (08) (CD)
Ellis, Forrest D. 2020 W. 86th St. (60) (OPH)
Ellis, William N. 1640 N. Ritter Ave. (18) (GP)
Emhardt, John T. 1628 S. East St. (25) (GP)
Evans, Frederick H. ...2140 N. Capitol (02) (OTO)
Evans, Paul V. ...Methodist Hospital (02) (PATH)
Evens, Marvin A. 5353 E. 38th St. (18) (ANES)
Everly, Ralph V. 706 E. 46th St. (05) (GP)

F

Failey, Robert B., Jr. 1100 W. Michigan (02) (IM)
Faris, James V.
I.U. Medical Center (02) (CD) (Resident)
Farris, John J. St. Vincent's Hosp. (60) (GP)
Farrell, Joseph T. ...513 N. Sherman Dr. (01) (GP)
Fausset, C. Basil ...1815 N. Capitol Ave. (02) (NS)
Fechtman, William F.
1815 N. Capitol Ave. (02) (OTO)
Feeney, Martin T. ..532 Turtle Creek, N. Dr. (27) (OBG)
Ferrara, Thomas A. 5470 E. 16th St. (26) (OBG)
Ferree, H. Lane 1633 N. Capitol Ave. (02) (P)
Ferree, Mary M. ..5450 Washington Blvd. (05) (P)
Ferry, Francis A. ..1638 E. Raymond St. (03) (GP)
Feuer, Henry Marion Co. Gen. Hosp. (02) (NS)
Finneran, Joseph C. ...1802 N. Illinois St. (02) (GS)
Fisch, Charles ...I.U. Medical Center (02) (CD)
Fischer, A. Alan 8402 Harcourt Rd. (60) (FP)
Fischer, Carlton R. ..I.U. Medical Center (02) (GS)
Fiscus, Clifford W. 2020 W. 86th St. (60) (OPH)
Fisher, William P. ...I.U. Medical Center (02) (P)
Fitzgerald, Joseph F. ..I.U. Medical Center (02) (PD)
Fitzgerald, William J. 1103 Shelby St. (03) (GP)
Flanagan, Paul M. ...5842 N. LaSalle (20) (OBG)
Flanders, Robert, Jr. ..3266 N. Meridian St. (08) (IM)
Flanigan, Meredith B. ..3305 Rutledge (08) (ANES)
Flora, Joseph O. ..4317 W. Washington St. (41) (GP)
Fosgate, Harold L. ...4301 E. 38th St. (18) (GP)
Foster, Lee N. St. Vincent's Hosp. (60) (PATH)
Foster, Lowell G. ..3500 Lafayette Rd. (22) (P)
Foster, Ray D. ...1944 N. Capitol Ave. (02) (OTO)
Franken, E. A., Jr. ...I.U. Medical Center (08) (R)
Franklin, William L.
8402 Harcourt Rd. (60) (ORS)
Freed, Carl A. ..2948 Kessler Blvd., N. Dr. (22) (OBG)
French, Richard N. ..Larue Carter Hosp. (02) (P)
French, Richard S. 8402 Harcourt Rd. (60) (N)
Fromhold, Willis A. ...510 Willard Ave. (27) (GP)
Fry, Robert D. 115 N. Penn. St. #1240 (04) (GS)
Fulton, William H. ..7216 S. Madison Ave. (27) (N)
Fundenberger, Martin ...2815 E. 38th St. (18) (OPH)
Furman, Robert H. ...307 E. McCarty St. (25) (SR)

G

Gabovitch, Edward R. ..1935 N. Capitol Ave. (02) (IM)
Gaddy, Euclid T. (S) ..2602 W. Washington St. (22) (GP)
Gaddy, Nelson D. 3500 Lafayette Rd. (22) (GP)
Gambill, William D. 118 W. 18th St. (02) (IM)
Ganaden, Eulogio V. ...3000 W. Washington St. (22) (P)
Garceau, George J. (S) 8402 Harcourt Rd. (60) (ORS)
Garber, J. Neill ...1815 N. Capitol Ave. (02) (ORS)
Garcia, Tierry 1024 Hume Mansur Bldg. (04) (OTO)
Gard, Daniel A. 1915 N. Capitol Ave. (02) (GP)
Gardiner, Sprague H. ..I. U. Medical Center (02) (OBG)
Gardner, Austin L. 8402 Harcourt Rd. (60) (GS)
Gardner, F. Buckman
St. Vincent's Hospital (60) (ANES)
Gardner, Norman D. ..3266 N. Meridian St. (08) (R)
Garfield, Martin D. ...3705 College Ave. (05) (GP)
Garner, W. Stanley ...2704 E. 62nd St. (20) (GP)
Garrett, Robert A. I.U. Medical Center (02) (U)
Gaurano, Lauro M. ...234 E. Southern Ave. (25) (IM)
Geider, Roy A. (S) 1525 Prospect St. (03) (GP)
Geisler, Hans E. 5470 E. 16th St. (18) (OBG)
George, Charles L. 1121 E. 80th St. (40) (ANES)
Gerth, Robert E. Methodist Hospital (02) (R)
Gettle, David R. Methodist Hosp. (02) (FP)
Gibson, Greta Maxine ..5744 Broadway Terrace (20) (OO)
Gick, Herman H. (S) ..2705 E. Michigan St. (01) (GP)
Gillespie, Charles F. ..3266 N. Meridian St. (08) (OBG)
Gillespie, Jacob E. ..115 N. Penn. St. #1246 (04) (GP)
Gillim, Parvin D. ..8402 Harcourt Rd. (60) (OPH)
Girod, Donald A. ...I.U. Medical Center (02) (PD)
Glover, John L. MCGH, 960 Locke St. (02) (GS)
Goldenberg, David B.
1815 N. Capitol Ave. (02) (R)
Goldman, Samuel 428 Woodmere Dr. (60) (GP)
Gonzalez, Alfredo B. ...3901 S. East St. (27) (GS)
Goodman, Julius M. ...1815 N. Capitol Ave. (02) (NS)
Gormley, Joseph J. ...2372 Lafayette Rd. (22) (GP)
Gosman, James H. ...1815 N. Capitol Ave. (02) (D)
Graham, Edward W. ..3531 N. Keystone Ave. (18) (PATH)
Graham, John D. ...1802 N. Illinois St. (02) (IM)
Graham, William E.
8402 Harcourt Rd. (60) (OBG)
Gray, Howard R. 8800 N. Meridian St. (60) (D)
Gray, Kenneth L. ..2727 N. High School Rd. (24) (GP)
Grayson, Merrill ...I.U. Medical Center (02) (OPH)
Grayson, Ted L. 2020 W. 86th St. (60) (GS)
Green, Morris Riley Hospital (02) (PD)
Green, Oscar Box 40506 (40) (OTO)
Greene, Morgan E. ..MCGH, 960 Locke St. (02) (GP)
Gregory, Robert L. 5506 E. 16th St. (18) (IM)

Greist, John H. 3231 N. Meridian St. (08) (P)
Grief, James V. 5831 E. Washington St. (19) (R)
Grief, Robert S. 2302 E. Troy (03) (GP)
Griep, John A. IUMC, 1100 W. Michigan (02) (PATH)
Griffin, Leslie W. Allison Div., GMC (06) (OM)
Griffith, Richard S.
Lilly Clinic, MCGH (02) (SR)
Griffith, Ross E. ..801 Kessler Blvd. W. Dr. (08) (OO)
Grimes, Eva M. ..6001 Buckskin Circle (50) (R)
Grimes, Hubert N. ...5516 E. 21st St. (18) (PD)
Grisell, Ted L. 5317 E. 16th St. (18) (GS)
Grisell, Ted W. 5317 E. 16th St. (18) (GS)
Grosfeld, Jay L. Riley Hospital (02 (GS)
Grosz, Hanus J. I.U. Medical Center (02) (P)
Grove, Dean A. I.U. Medical Center (02) (FP)
Gruber, Charles M. Lilly Clinic, MCGH (02) (IM)

H

Habegger, Elmer D. ..1815 N. Capitol Ave. (02) (GS)
Hackney, Victor C. ...I.U. Medical Center (02) (D)
Hadley, David ..115 N. Penn. St. #1248 (04) (ORS)
Hall, Jack H. Methodist Hospital (02) (IM)
Hamaker, Ronald C. ..I.U. Medical Center (02) (GS)
Hamburger, Richard J. ..I.U. Medical Center (02) (IM)
Hamilton, Howard B. ..901 S. Emerson Ave. (03) (OM)
Hampshire, Donald R. ..1443 N. Pennsylvania St. (02) (GP)
Hann, Eldon C. 1815 N. Capitol Ave. (02) (NS)
Hanna, Thomas A. ...1608 N. Lynhurst Dr. (24) (GP)
Harcourt, Robert S. ..1915 N. Capitol Ave. (02) (GS)
Harding, M. Richard ..3949 Meadows Dr. (05) (OPH)
Harding, Myron S. (S) ...5410 Radnor Rd. (26) (OO)
Hare, Earl H. (S) ...5524 N. Delaware St. (20) (OO)
Hare, Laura 87 W. 43rd (08) (OO)
Harger, Robert W.
115 N. Pennsylvania St., #1144 (04) (OPH)
Harris, Paul N. 4114 E. 65th St. (20) (PATH)
Harvey, Verne K., Jr. ...1330 W. Michigan St. (06) (GPM)
Hatfield, Nicholas W. 5851 E. 54th Pl. (26) (GP)
Hawk, Edgar A. ...1815 N. Capitol Ave. (02) (ANES)
Hawk, James H. 1330 W. Michigan (06) (PH)
Hawthorne, James J. 4546 Crooked Creek Ridge Dr. (08) (IM)
Haymond, Joseph L. ...301 E. 38th St. (05) (PATH)
Haynes, John T. 1815 N. Capitol Ave. (02) (A)
Healey, Robert J. 8402 Harcourt Rd. (60) (IM)
Heck, Larry L. Methodist Hosp. (02) (R)
Hedrick, Philip W. 1221 E. 86th St. (40) (PD)
Hegeman, Theodore F. ..Methodist Hosp. (02) (ER)
Heimburger, Robert F. ..I.U. Medical Center (02) (NS)
Helmen, Charles H. I.U. Med. Center (02) (R)
Helveston, Eugene M. ..I.U. Medical Center (02) (OPH)
Henderson, Roscoe C. 101 E. 34th St. (05) (GP)
Hendricks, Fred A. ..6917 N. Keystone Ave. (20) (GP)
Hendricks, John W. (S) ..124 W. 64th St. (20) (OO)
Henry, Russell S. (S) ..4715 Rydal Court (54) (PUD)
Herod, Gilbert T. 1815 N. Capitol Ave. (02) (TS)
Heubi, John E. MCGH, 960 Locke St. (02) (PD)
Hibbeln, Frederic P. 8402 Harcourt Rd. (60) (D)
Hicks, Murwyn L. ...5350 E. 38th St. (18) (ANES)
Hildebrand, William L. ..6037 E. 10th St. (19) (GP)
Hill, Herbert N. 3500 Lafayette Rd. (22) (GP)
Hill, James K. 1815 N. Capitol Ave. (02) (PD)
Hilz, James M. ...3901 S. East St. (27) (TS)
Hilz, Mary Ann 3901 S. East St. (27) (R)
Himelstein, N. Harvey ..3500 Lafayette Rd. (22) (GP)
Himler, James M. (S) 8015 Bluff Rd. (17) (OO)
Hitchcock, Larry G. 1213 N. Arlington (19) (U)
Hobbs, Hudner 6450 W. 10th St. (24) (PD)
Hodel, Harry L. Methodist Hosp. (02) (R)
Hogan, Michael A. 2704 E. 62nd St. (20) (PD)
Holland, William M. ..3524 N. Meridian St. (08) (IM)
Holman, Jerome E., Jr. ...3315 E. 10th St. (01) (GP)
Holman, Jerome E., Sr. (S)
4503 E. Kessler Blvd. (20) (OO)
Hood, Ainslee A. 910 Markwood Ave. (27) (GP)
Hopkins, Bruce J. ...8402 Harcourt Rd. (60) (OTO)
Hornback, Ned B. 1100 W. Michigan St. (02) (R)
Horwitz, Thomas ..I.U. Medical Center (02) (ORS)
Houser, D. Duane ...1815 N. Capitol Ave. (02) (A)
Howell, Joseph D. ..6525 E. 82nd St. #110 (50) (A)
Hoyt, Lester H. ...Methodist Hospital (02) (PATH)
Hoyt, Millard L. 5614 East 21st St. (18) (P)
Hubbard, Jesse D. ...I.U. Medical Center (02) (PATH)
Huber, Carl P. (S) ..I.U. Medical Center (02) (OBG)
Hull, Ronald H. 1815 N. Capitol Ave. (02) (P)
Hunter, Charles A., Jr. ..I.U. Medical Center (02) (OBG)
Hurwitz, Robert M. 8402 Harcourt Rd. (60) (D)
Hurwitz, Roger A. ..I.U. Medical Center (02) (PDC)
Huse, William M. ...1815 N. Capitol Ave. (02) (OBG)
Hutson, Richard A. ...1815 N. Capitol Ave. (02) (ORS)

I

Irvine, William O. ..1815 N. Capitol Ave. (02) (ORS)
Irwin, Glenn W., Jr. I.U. Medical Center (02) (IM)
Isch, John H. 8402 Harcourt Rd. (60) (TS)
Isenbarger, Karl 1265 W. 86th St. (40) (GP)
Iske, Paul G. (S) 818 East 79th St. (40) (IM)

J

Jagger, Michael J.
I.U. Medical Center (02) (PD) (Resident)
James, Charles E. ..7780 N. Michigan Rd. (68) (GP)
Jani, Natwerlal S.
1841 City-County Bldg. (04) (PH) (Resident)
Jay, James M. 1645 Hall Pl. (02) (IM)
Jenkins, John E., Jr. ...3740 Central Ave. (05) (GP)
Jenkins, Robert E. 3500 Lafayette Rd. (22) (D)
Jesseph, John E. 1100 West Michigan St. (02) (GS)
Jewett, Joe H. 3120 N. Meridian St. (08) (IM)
Jobes, James E. (S) ..54 Monument Circle (04) (OM)
Johnson, A. Cedric, Jr. ..1815 N. Capitol Ave. (02) (GS)
Johnson, Earl H. 1802 N. Illinois St. (02) (U)
Johnson, Thomas W. ...1802 N. Illinois St. (02) (OTO)
Jones, Allen W. 6060 College Ave. (20) (IM)
Jones, David E. 828 C. of C. Bldg. (04) (OTO)
Jones,, Francis P.
4002 Meadows Dr. #312 (05) (ANES)
Jones, Gordon C. 1517 N. Emerson (19) (GP)
Jones, Randolph W. ...2416 N. Capitol Ave. (08) (OBG)
Jones, Richard A. ..8402 Harcourt Rd. (60) (OTO)
Jontz, Jon P. 5350 E. 38th St. (18) (ANES)
Josephson, David A.
I.U. Medical Center (02) (N) Resident
Jowitt, Richard H. 1502 N. Emerson (19) (IM)
Joyner, John E. ..3901 N. Meridian St. (08) (NS)
Judd, Russell L. ...1303 N. Arlington Ave. (19) (U)
Judson, Walter E. I.U. Medical Center (02) (CD)

K

Kahler, Maurice V. (S) ..2638 Kessler Blvd. (22) (GP)
Kahn, Alexander J.
8402 Harcourt Rd. #406 (60) (PD)
Kahn, Howard L.
8402 Harcourt Rd. #408 (60) (OBG)
Kaiser, James L. ...1815 N. Capitol Ave. (02) (ORS)
Kalsbeck, John E. ...I.U. Medical Center (02) (NS)
Kammen, Leo 3202 W. 16th St. (22) (GP)
Karsell, William A. ...Methodist Hosp. (02) (OBG)
Keating, John U. ..8415 Washington Blvd. (40) (P)
Kebel, Arthur P. 4411 N. Meridian St. (08) (GP)
Keenan, George B. 3225 Shelby St. (27) (GP)
Kennedy, Hunter F. ...5790 E. Michigan St. (19) (GP)
Kennedy, Joseph T. ...5350 E. 38th St. (18) (ANES)
Kenney, David B. ...5506 E. 16th St. (18) (OPH)
Kim, Kil Chol I. U. Medical Center (02) (ANES)
King, Harold I. U. Medical Center (02) (GS)
King, Joseph P. ...2625 N. Meridian St. (08) (P)
King, Leroy H. 1604 N. Capitol (02) (IM)
King, Nina Clevinger ...1769 Beeler Ave. (24) (IM)
King, Robert D. I.U. Medical Center (02) (GS)
Kingsbury, David H. ...2020 W. 86th St. (60) (D)
Kinnett, J. Gregory
I.U. Medical Center (02) (ORS) (Resident)
Kirkhoff, Paul J. 5430 E. 21st St. (18) (PD)
Kirtley, William R. ...740 S. Alabama St. (06) (SR)
Kissel, Wesley A. 1815 N. Capitol Ave. (02) (P)
Klain, Benjamin V. 4157 College Ave. (05) (GP)
Klein, John C. 740 E. 52nd St. (05) (ORS)
Kleit, Stuart A. I.U. Medical Center (02) (IM)
Kohlstaedt, Karl C. ...740 S. Alabama St. (06) (OM)
Kohlstaedt, Kenneth G. ..645 E. 80th St. (40) (IM)
Kooiker, John E. 1815 N. Capitol Ave. (02) (P)
Koons, Karl M., Jr. ..5470 E. 16th St. (18) (GS)
Kopecky, Robert R. ...4131 Shelby St. (27) (OBG)
Kornafel, L. H. ..905 Hume Mansur Bldg. (04) (GS)
Kraft, Bennett (S) ..6525 E. 82nd St. #110 (50) (A)
Kriel, William B. ..5630 W. Washington St. (41) (GP)
Kryszek, Stanley H.
1919 N. Capitol Ave. (02) (OM)
Kuntz, Herman W. (S)
5317 E. 16th St. #7 (18) (OTO)
Kurlander, Gerald J. ..Community Hospital (19) (R)
Kurtz, Fred B. (S) ..5520 N. Illinois St. (08) (OO)
Kurtz, Philip L. 740 S. Alabama St. (06) (IM)
Kurtz, Richard 3351 N. Meridian (08) (OTO)
Kwitny, Isadore J. (S) 3266 N. Meridian St. (08) (IM)

L

LaDine, Clarence B. ...2077 N. Emerson (18) (GP)
Lamb, Emmett B. (S) ..3120 N. Meridian St. (08) (GS)
Lamb, Russell W. 3120 N. Meridian St. (08) (GS)
Lamber, Chet K. ..400 Board of Trade Bldg. (04) (GS)
Lamkin, E. Henry, Jr. ...1935 N. Capitol (02) (IM)
Landwehr, Alfons ...5217 Leone Place (26) (IM)
Lane, C. Elaine ...2840 N. High School (24) (IM)
Lang, Jay W. ...5350 E. 38th St. (18) (ANES)
Largaespada, Manuel ...549 S. Fleming (41) (GS)
Lasich, Anthony R. ..1815 N. Capitol Ave. (02) (ORS)
Lautzenheiser, Richard L.
Methodist Hospital (02) (Resident) (IM)
Lawrence, James M. ..2020 W. 86th St. (60) (OPH)
Lawson, Allan J. ...2020 W. 86th St. (40) (PD)
Leatherman, Harter L. (S) ..1502 E. 46th St. (05) (GP)
Lee, Domingo K. 3901 S East St. (27) (PMR)
Leedy, Donald K. ..3500 Lafayette Road (22) (PD)
Leffel, James M. ..3266 N. Meridian St. (08) (GS)
Leffler, William T. ...2141 E. 52nd St. (05) (GP)
Lehman, Evan L. ..2020 W. 86th St. (60) (OBG)
Leser, Ralph U. ...3901 N. Meridian St. (08) (IM)
Levi, Leon 8402 Harcourt Rd. (60) (IM)
Lewis, Earl 112 S. Ridgeway (19) (GP)
Lewis, Paul S. 6357 Rockville Rd. (24) (GP)
Lichtenberg, Melvin 535 E. 38th St. (05) (GP)
Lidikay, Edward C. ...5506 E. 16th St. (18) (OBG)
Liebschutz, Norman H. ..6450 W. 10th St. (24) (PD)
Lindenborg, Paul G. ..3016 N. Arlington Ave. (18) (GP)
Lindseth, Richard E. ..I.U. Medical Center (02) (ORS)
Lingeman, Raleigh E. ..1100 W. Michigan St. (02) (OTO)

Littlefield, Paul A. ..1815 N. Capitol (02) (ANES)
Littlefield, Shirley D. ..1815 N. Capitol Ave. (02) (ANES)
Logan, Patrick C. 5506 E. 16th St. (18) (D)
Loomis, Norman S. (S) ..5416 E. 81st St. (50) (OO)
Lord, Glenn C. 104 E. 38th St. (05) (IM)
Lord, Thomas J. 8402 Harcourt Rd. (60) (IM)
LoSasso, Alvin M. ..1100 W. Michigan (02) (ANES)
Louden, Robert W. ...1221 E. 86th St. (40) (GP)
Love, George N. ..5331 Washington Blvd. (20) (ANES)
Lowe, Daniel K. 4405 N. Cherry Ln. (68) (GS)
Lowe, John C. ...1303 N. Arlington Ave. (19) (IM)
Lozow, David 5213 Brief Run (26) (ORS)
Lucas, Clarence A., Jr. ..2012 Boulevard Pl. (02) (GP)
Luginbill, Howard M. ..1303 N. Arlington (19) (P)
Lukemeyer, George T. ..I.U. Medical Center (02) (IM)
Lunsford, Thomas E. ..2020 W. 86th St. (60) (N)
Luros, J. Theodore ...1633 N. Capitol Ave. (02) (NS)
Lybrook, William B. 3004 E. 52nd St. (05) (GP)
Lynn, Gene E. 1815 N. Capitol Ave. (02) (P)

M

MacDougall, John D. ..3949 Meadows Dr. (05) (GS)
MacKenzie, Veronica
3266 N. Meridian St. (08) (OO)
MacWilliams, Robert H. ..1915 N. Capitol Ave. (02) (GS)
McAree, Francis E., Jr. ..5470 E. 16th St. (18) (OBG)
McCallum, Donald C. ..1815 N. Capitol Ave. (02) (U)
McCallum, James J.
8402 Harcourt Rd. (60) (OPH)
McCallum, Robert N. ..3266 N. Meridian St. (08) (IM)
McCarthy, Leo J. 532 Wellington Road (60) (PATH)
McClain, Edwin S. ..8402 Harcourt Rd. (60) (OBG)
McCord, George Elliott ..5506 E. 16th St. (18) (OPH)
McCormick, Charles O., Jr. ..5506 E. 16th St. (18) (OBG)
McDaniel, Edwin C. ..1815 N. Capitol Ave. (02) (U)
McDougal, Bud H. 8402 Harcourt Rd. (60) (GS)
McDougal, Robert A. ..3202 N. Meridian St. (08) (PATH)
McElroy, James T. 8402 Harcourt Rd. (60) (IM)
McGrath, Michael F. ..1929 E. 38th St. (18) (GP)
McIntyre, James M. ..1815 N. Capitol Ave. (02) (PR)
McKinley, A. David ..I.U. Medical Center (02) (IM)
McLaren, Daniel E. ...6000 E. 46th St. (26) (GP)
McNutt, Cyrus C. ..8639 Lancaster Rd. (60) (PATH)
McQuiston, Ralph J. ..608 Guaranty Bldg. (04) (OTO)
Mabel, Thomas A.
1920 W. 74th St. (60) (FP) (Resident)
Mackey, John E. ..3266 N. Meridian St. (08) (OBG)
Madden, Robert J.
1420 N. Audubon Rd. (19) (ANES) (Resident)
Madtson, A. Ricks ..1815 N. Capitol Ave., #307 (02) (GS)
Maglinte, Dean D. Methodist Hospital (02) (R)
Malachowski, Robert M.
Riley Hospital (02) (PD) (Resident)
Malik, Muhammadiqbal
I.U. Medical Center (02) (PATH)
Mammen, Harold W., 340 White River Pkwy. W. Dr. S. (06) (OM)
Mandelbaum, Isidore I.U. Medical Center (02) (GS)
Manders, Karl L. ...5506 E. 16th St. (18) (NS)
Manion, Marlow W. (S)
5132 N. New Jersey St. (05) (OO)
Mann, Mortimer ..3266 N. Meridian St. (08) (OPH)
Manning, K. Randolph ..1815 N. Capitol Ave. (02) (ORS)
Manzie, Michael W. ..3500 Lafayette Rd. (22) (GS)
Marhenke, Jon D.
1481 W. Tenth St. (02) (P) (Resident)
Marks, John S., Jr. ...5506 E. 16th St. (18) (NS)
Marsh, Carl M. ...101 N. Shortridge Rd. (19) (IM)
Martin, Freeman ...3901 N. Meridian St. (08) (GP)
Martin, Loren H. ..2626 W. Washington St. (22) (GP)
Martz, Carl D. 8402 Harcourt Rd. (60) (ORS)
Masbaum, Ned P. 1010 E. 86th (40) (P)
Masters, John M. (S)
620 Board of Trade Bldg. (04) (OPH)
Matthew, W. Burleigh
522 Board of Trade Bldg., 143 N. Meridian St. (04) (OPH)
Matthews, Bernard J. (S) ..966 N. Graham Ave. (19) (OO)
Matthews, William M. ..I.U. Medical Center (02) (ANES)
Maxam, B. T. 3524 N. Meridian St. (08) (IM)
Maxson, Roy V. ...5350 E. 38th St. (18) (ANES)
Meade, Donna J. 5699 E. 71st (20) (IM)
Mealey, John, Jr. I.U. Medical Center (02) (NS)
Megenhardt, Dennis S. ..3266 N. Meridian St. (08) (GS)
Melin, John R. 1633 N. Capitol Ave. (02) (OBG)
Mentendiek, Mary Ann ...5699 E. 71st St. (20) (IM)
Mentendiek, Maurice H. ..141 Buckingham Dr. (08) (OO)
Mercado, Zenaida ..5506 E. 16th St., #25 (18) (PD)
Mercho, Jean P. ...1213 N. Arlington Ave. (19) (TS)
Mericle, Earl W. (S) ..1633 N. Capitol Ave. (02) (P)
Merritt, A. Donald ..I.U. Medical Center (02) (IM)
Mershon, Jack B. 3855 E. 10th St. (01) (PATH)
Mertz, John H. O. ...1711 N. Capitol Ave. (02) (U)
Michael, Amos ...7209 Lakeside Dr. (78) (PATH)
Michael, Isaac E. ..2020 W. 86th St. (60) (IM)
Middleton, Harvey N. (S) ..1828 N. Illinois St. (02) (IM)
Miller, Frank H. ...5506 E. 16th St. (18) (OPH)
Miller, Jerry A. ..3266 N. Meridian St. (08) (ANES)
Miller, Jerry R. ..I.U. Medical Center (02) (ANES)

Miller, John D. Marion Co. General Hospital (02) (PUD)
Miller, L. Hoyt 6000 E. 46th St. (26) (GP)
Miller, Roscoe E. I.U. Medical Center (02) (R)
Mitchell, George H. ..6049 E. Washington St. (19) (D)
Moak, Glenn D. 4339 Royal Pine Blvd. (50) (R)
Moe, John F. 3500 Lafayette Rd. (22) (GP)
Moltaji, Mohammad R.
2725 Crescent Hill Lane (08) (OTO) (Resident)
Montoya, Henry E. ..3266 N. Meridian St. (08) (IM)
Moore, Donald F. 1315 W. 10th St. (02) (P)
Moore, Harold T. ..1815 N. Capitol Ave. (02) (ANES)
Moore, Thomas S. ..9020 Wickham Rd. (60) (PS)
Moores, William B. ..3266 N. Meridian St. (08) (D)
Moosey, Neale A. 1213 N. Arlington (19) (U)
Moran, Thomas E. ..7150 South Madison Ave. (27) (GP)
Moretto, Thomas J. ..3500 Lafayette Rd. (24) (FP)
Morgan, Margaret E. ...4144 N. Penn. (05) (P)
Moriarty, John R. ...5602 Madison Ave. (27) (GP)
Morrison, Lewis E. ..I.U. Medical Center (02) (OTO)
Morse, Robert P. 5316 E. 16th (18) (GP)
Morton, Joseph L. St. Vincent's Hosp. (60) (R)
Morton, Philip M. ...1815 N. Capitol Ave. (02) (P)
Morton, Walter P. (S)
Indiana Natl. Bank, Trust Dept. (04) (OO)
Mosbaugh, Phillip G. 2020 W. 86th St. (60) (U)
Moss, Bobby L. 5316 E. 16th St. (18) (GP)
Moss, Harlan B. ...1640 N. Ritter Ave. (18) (GS)
Moss, Herschel C. 1564 N. Downey (19) (GS)
Mothersill, Mark H. (S) ..3650 College Ave. (05) (A)
Mouser, Robert W. ...6201 Park Ave. (20) (GP)
Muller, Lullus P. ...3120 N. Meridian St. (08) (GS)
Muller, Paul F. St. Vincent Hosp. (60) (OBG)
Muller, Victor H. 2859 N. Meridian St. (02) (PATH)
Mullinix, F. Michael ..1303 N. Arlington (19) (GP)
Murray, Raymond H. ..I.U. Medical Center (02) (IM)
Myers, Charles W. (S)
3350 Salt Lake Rd. (24) (OO)

N

Nagan, Robert F. 8402 Harcourt Rd. (60) (GS)
Nasser, William K. ..I.U. Medical Center (02) (CD)
Nation, Robert D. ...6332 Guilford Ave. (20) (GP)
Nay, Richard M. ..3524 N. Meridian St. (08) (IM)
Need, David J. 7150 Madison Ave. (27) (PD)
Need, Louis T. 1927 S. Meridian St. (25) (GP)
Need, Richard L. ...4949 Carson Ave. (27) (IM)
Nester, Henry G. (S) 5324 N. Penn (20) (PH)
Newman, Daniel M. ...1711 N. Capitol Ave. (02) (U)
Ng, Anastacio C. ...8927 Spicewood Rd. (60) (R)
Nicholas, Dennis J. ...5300 Farhill Rd. (26) (ANES)
Nie, Louis W. 3231 N. Meridian St. (08) (P)
Nohl, John M. 457 N. Emerson Ave. (19) (GP)
Nolin, Richard T. ..10455 N. College Ave. (80) (FP)
Nordschow, Carleton D.
I.U. Medical Center (02) (PATH)
Norman, William H. ..115 N. Pennsylvania St., #1252 (04) (ORS)
Norris, Max S. 3266 N. Meridian St. (08) (IM)
Nourse, Myron H. ...1711 N. Capitol Ave. (02) (U)
Nugent, Edwin J. (S)
6840 N. Delaware St. (20) (OO)

O

O'Brian, Earl J. ...3500 Lafayette Rd. (22) (GP)
Ochsner, Harold C. (S)
5850 Sunset Lane (08) (OO)
Offutt, Andrew C. .750 N. Campbell Ave. (19) (OO)
Offutt, Harry D., Jr. 1330 W. Michigan St. (06) (ADM)
Olvey, Ottis N. ...3231 N. Meridian St. (08) (IM)
Olvey, Stephen E. ..3231 N. Meridian St. (08) (IM)
Otten, Claude F. ..5222 Washington Blvd. (20) (OO)
Overley, Ross A. 1815 N. Capitol Ave. (02) (P)
Overley, Toner M., Jr. ..I.U. Medical Center (02) (P)
Owen, John E. (S) 4429 N. Illinois (08) (OO)
Owens, Tracy C. (S) ..2211 A. Rome Dr. (08) (P)

P

Page, Oliver W., Jr. ...3151 N. Illinois St. (08) (GS)
Palmer, Robert M. 2020 W. 86th St. (60) (ORS)
Palmer, Robert W. ...5398 Hillside Ave. (20) (IM)
Pantzer, John G., Jr. ..1815 N. Capitol Ave. (02) (PS)
Park, Hee-Myung
I.U. Medical Center (02) (Nuclear Med.) (Resident)
Parker, George F., Jr. ..1500 N. Ritter Ave. (19) (PDA)
Parker, John F. ..6508 E. Washington St. (19) (GP)
Parker, Portia (S) ..2226 W. Michigan St. (22) (GP)
Parks, Herbert E. ...5533 Overbrook Circle (26) (R)
Parr, Robt. Lowell 5430 East 21st St. (18) (PD)
Pauszek, Robert B. 6919 East 10th St. (19) (PD)
Paynter, William T. ..1330 W. Michigan St. (06) (PH)
Paz, Juan A. ...6049 E. Washington St. (19) (GP)
Pearce, Robert M. ...134 E. Berwyn St. (25) (CHP)
Pearson, Jack W.
Marion Co. Gen. Hosp. (02) (OBG)
Pearson, John S. ..30 W. Fall Creek Parkway (06) (ADM)
Peck, Franklin B., Jr. ..Lilly Clinic, MCGH (02) (IM)
Peirce, James D. 740 S. Alabama St. (06) (OM)
Petranoff, Theodore V. (S) ..2814 Questend, S. Drive (22) (OO)
Pfaff, Dudley A. (S) ..3602 Central Ave., Apt. A-3, (05) (OO)
Phillips, David L. ...3561 N. Pennsylvania St. (05) (P)
Pickett, Robert D. ...3524 N. Meridian St. (08) (IM)
Pile, Stafford W., Jr. ..1802 N. Illinois St. (02) (U)
Pittman, John N. ...1815 N. Capitol Ave. (02) (CD)
Pontius, Edwin E. ..Methodist Hospital (02) (PATH)
Popplewell, Arvine G. ..Marion Co. General Hospital (02) (PUD)
Powell, Richard C. ..I.U. Medical Center (02) (IM)
Pratt, George B. III Methodist Hospital (02) (R)

Pribble, Robert H. Community Hospital (19) (PATH)
Price, David W. 1815 N. Capitol Ave. (02) (GS)
Price, Francis W. ..Eli Lilly & Co., Box 618 (06) (GP)
Price, James O. 703 State Office Bldg. (04) (GS)
Proos, John M., III
5529 Guilford Ave. (20) (FP) (Military)
Pryor, Richard C. ...6111 College Ave. (20) (GP)

Q

Quigley, George J. ..5506 East 16th St. (18) (OPH)
Quigley, Joseph W. 6332 Guilford (20) (GP)

R

Raber, Robert M. ..3266 N. Meridian St. (08) (PS)
Ragan, William D.
I.U. Medical Center (02) (OBG)
Ramage, Walter F. ..5440 Shelbyville Rd. (27) (GP)
Ramsey, Frank B. (S) ...3266 N. Meridian St. #705 (08) (GS)
Rapp, George F. 8402 Harcourt Rd. (60) (ORS)
Rawls, George H. ...3151 N. Illinois St. (08) (GS)
Ray, Carl S. RCA Mail Location 27-138, 600 N. Sherman Dr. (01) (GP)
Reeck, Claude C. Jr. ..I.U. Medical Center (02) (ORS)
Reeck, Mary Jane 8402 Harcourt Rd. (60) (IM)
Reed, Robert G. ..1303 N. Arlington Ave. (19) (IM)
Rees, Russel C. (S)
6114 E. Washington St. (19) (GP)
Reid, Charles A. ...2445 Shelby St. (03) (OBG)
Reid, Robert M. ..2441 N. Meridian St. (02) (ADM)
Reitz, Lawrence A. ..340 White River Pkwy (22) (OM)
Rice, Raymond D. ...2020 W. 86th St. (60) (OBG)
Rice, Raymond M. (S) ..7799 E. Holliday Dr. (60) (OO)
Rich, Richard B. 1810 E. 62nd St. (20) (OPH)
Richter, Arthur B. (S)
8872 Westfield Blvd. (40) (OO)
Rider, Paul S. ..Riley Hospital (02) (PD) (Resident)
Riley, Paul D. ..1310 W. 10th St. (02) (P) (Resident)
Riner, Jack K. 5317 E. 16th St. (18) (GS)
Ritchey, James O. 43 W. 43rd St. (08) (IM)
Ritter, Merrill A. I.U. Medical Center (02) (ORS)
Ritter, Wayne L. ..115 N. Penn. St. #1156B (04) (IM)
Rivera-Correa, Hector P.
Marion Co. Gen. Hosp. (02) (PATH)
Robb, John A. I.U. Medical Center (02) (R)
Robbins, Lewis C. ..Methodist Hospital (02) (PMR)
Roberts, Warren C. 2525 Shadeland Ave. (19) (OM)
Robinson, Earle U. 101 W. 28th St. (08) (OBG)
Robinson, Robert J.
534 Turtle Crk. N. Dr., (27) (FP)
Roesch, Ryland P.
I.U. Medical Center (02) (ANES)
Roeske, Nancy A. ..6815 N. Pennsylvania St. (20) (P)
Rogge, James D. 4949 Carson Ave. (27) (GE)
Rohn, Robert J. ...I.U. Medical Center (02) (IM)
Romberger, Floyd T., Jr. ..3266 N. Meridian St. (08) (OBG)
Rosenak, Bernard D.
1815 N. Capitol Ave. (02) (IM)
Rosenbaum, Irving, Jr. ..401 E. 34th St. (05) (PD)
Rosenberg, Gabriel J. ..Methodist Hospital (02) (PD)
Ross, Alexander T. ...I.U. Medical Center (02) (N)
Ross, Edward ...1935 N. Capitol Ave. (02) (CD)
Roth, Bertram S. ..6434 N. College Ave. (20) (PD)
Roushdi, Hussein A. ..1213 N. Arlington (19) (TS)
Royer, Jerry A. ..1100 W. Michigan St. (02) (GP)
Rubush, John L. ..1815 N. Capitol Ave. (02) (TS)
Ruddell, Keith R. ..3202 N. Meridian St. (08) (GS)
Rudesill, Cecil L. (S) ..3941 N. Delaware St. (05) (OO)
Rudesill, Robert L.
3266 N. Meridian #506 (08) (IM)
Rushmore, Charles H. ..240 N. Meridian St. (06) (OM)
Russell, Donald E. ..2136 Boston Court (08) (ORS)
Russell, John R. ..1815 N. Capitol Ave. (02) (NS)
Rust, Roland B. Jr. ..3949 Meadows Drive (05) (IM)
Ruth, Martin L. (S) 7 N. Colorado (01) (OO)
Ryan, Glen V. 3500 Lafayette Rd. (22) (GP)

S

Sabens, James A. ..8375 Pendleton Pike (26) (GP)
Sagalowsky, Howard S.
1815 N. Capitol Ave. (02) (ANES)
Sanders, Fred 2702 Westlane (68) (GP)
Sanders, Harry M. ..Community Hospital (19) (GP)
Saperstein, Morris ..1815 N. Capitol Ave. (02) (P)
Sato, Takuya 1315 W. 10th St. (02) (CHP)
Schaffer, Edward V. ..1815 N. Capitol Ave. (02) (ORS)
Schechter, John S. ..3266 N. Meridian St. (08) (IM)
Scheidler, James A. ..1935 N. Capitol Ave. (02) (IM)
Scheier, Emil W. (S) ..9220 Vandergriff Rd. (39) (OO)
Schemetzer, Alan D. ..1100 W. Michigan St. (02) (P)
Schlaegel, Theodore F., Jr. ..I.U. Medical Center (02) (OPH)
Schlegel, Donald M. ..1815 N. Capitol Ave. (02) (GS)
Schmidt, Loren F. 5246 Channing Ct. (26) (GS)
Schmidt, Paul E. ..3266 N. Meridian St. (08) (CD)
Schmoyer, Maurice R. ..Community Hospital (19) (PATH)
Schneider, Carl J. ..1008 N. Beville Ave. (01) (GP)
Schneider, Paul A. ...4829 E. 38th St. (18) (ORS)
Schnute, Richard B. ..I.U. Medical Center (02) (IM)
Schroeder, James E. ...3524 N. Meridian (08) (IM)
Schuchman, Gabriel ..3620 N. Meridian St. (08) (GP)
Schuchman, Harvey A.
1100 W. Michigan St. (02) (IM) (Resident)
Schulhof, Lary A. ..6438 Columbine Dr. (24) (NS)
Schumacher, Richard R. ..3524 N. Meridian St. (08) (IM)
Schuster, Dwight W. ..1815 N. Capitol Ave. (02) (P)
Scofield, John B. 3120 N. Meridian St. (08) (P)
Scott, George E. ..4110 Roland Rd. (08) (ANES)
Scott, I. Winfield ..3266 N. Meridian St. (08) (PD)

Scott, John R. 6214 Broadway (20) (PD)
Scott, Robert O. ...5565 Brookville Rd. (24) (OM)
Scott, Samuel L. 7099 Broadway (20) (OO)
Seaman, Charles F. ..Community Hospital (19) (IM)
Searight, John L. ..1303 N. Arlington Ave. (19) (GP)
Sedam, Herbert L. ...4548 College Ave. (05) (GP)
Sellmer, George W. ...1221 E. 86th St. (40) (GP)
Ser Vaas, Cory 1100 Waterway Blvd. (02) (OO)
Sexson, Hiram T. ...3201 N. Meridian St. (08) (GP)
Seybert, Thomas C. ...5440 E. 38th St. (18) (GP)
Shafer, Marion R. .115 N. Penn. St. #1552 (04) (IM)
Shanafelt, Donald K. ..1802 N. Illinois St. (02) (OBG)
Shapiro, Burton J. ..3620 N. Meridian St. (08) (OPH)
Shelley, Richard J. ...5470 E. 16th St. (18) (OBG)
Sherster, Harry 1501 Morris Plan Bldg., c/o Dale Francis (04) (GP)
Shipley, Edward 911 East 86th St. (40) (CHP)
Shumacker, Harris B., Jr.
8402 Harcourt Rd. (60) (CD)
Sidebottom, Earl W. ..507 Hume Mansur Bldg. (04) (GS)
Siderys, Harry ...1815 N. Capitol Ave. (02) (TS)
Siebe, Jack C. 4829 E. 38th St. (18) (GP)
Sigmond, Harvey W.
8402 Harcourt Rd. (60) (ORS)
Silver, Richard A. ..1815 N. Capitol Ave. (02) (R)
Simmons, James E. ..I.U. Medical Center (02) (CHP)
Simms, James Leon ..3140 N. Illinois St. (08) (GP)
Sims, J. Lawrence ...3949 Meadows Dr. (05) (OTO)
Sinkovic, Gerald M. ..25 Beachway Dr. (24) (FP)
Slichenmyer, Jack E. ..3500 Lafayette Rd. (22) (OTO)
Sluss, David H. (S) ..808 C. of C. Bldg. (04) (GS)
Small, Iver F. 1315 W. 10th St. (02) (P)
Smith, David E. Methodist Hosp. (02) (PATH)
Smith, David L. (S) 7979 High Dr. (40) (OO)
Smith, James W. I.U. Medical Center (02) (PATH)
Smith, Jerrold R. 5430 E. 21st St. (18) (PD)
Smith, John A. I.U. Medical Center (02) (R)
Smith, Ray C., Jr. 1303 N. Arlington (19) (GS)
Smith, Richard N.
Marion Co. Gen. Hosp. (02) (GS)
Smith, Roy Lee (S) ..707 Underwriters Bldg. (04) (U)
Snodgrass, Robert E. ..532 Turtle Creek, N. Dr. (27) (P)
Sobat, William S. 1815 N. Capitol (02) (GS)
Soper, Hunter A. 3524 N. Meridian St. (08) (IM)
Sotolongo, Eladio 1815 N. Capitol Ave. (02) (ANES)
Soule, Mary Alma 2425 N. Central Ave. (05) (OBG)
Souter, Martha C. (S) ..3120 N. Meridian St. (08) (PD)
Spahr, John F., Jr. .3266 N. Meridian St. (08) (OBG)
Spalding, Joseph J. ..3266 N. Meridian St. (08) (OPH)
Sparks, Alan L. (S)
7456 Lions Head Dr. (60) (OO)
Spears, John M. 7046 Madison Ave. (27) (PD)
Spitzberg, Daniel H. 10455 N. College Ave. (80) (OPH)
Spolyar, Louis W. Indiana State Board of Health, 1330 W. Michigan St. (02) (PH)
Spurgeon, Charles H. 2500 W. 25th St. (08) (N)
Sputh, Carl B., Jr. ...5506 E. 16th St. (18) (OTO)
Stadler, Harold E. ..41 N. Shortridge Rd. (19) (PD)
Stansbury, William E. ...5601 E. 21st St. (18) (GP)
Steger, Byron L. ..3232 N. Meridian St. (08) (ADM)
Steinmetz, Edward F. ..8402 Harcourt Rd. (60) (CD)
Stephens, Donald E. 1440 E. 46th St. (05) (GP)
Stephens, Kuhrman H. ..501 Hume Mansur Bldg. (04) (OPH)
Stevens, Sydney L. ..1802 N. Illinois St. (02) (OTO)
Stilwell, Barbara M. 740 E. 52nd St. (05) (CHP)
Stoelting, Robert K.
I.U. Medical Center (02) (ANES)
Stoelting, Vergil K. I. U. Medical Center (02) (ANES)
Stogsdill, Willis W. ..3266 N. Meridian St. (08) (GP)
Stone, Alvin T. 6202 College Ave. (20) (GP)
Stone, William M.
5010 E. 68th St. (20) (OBG) (Resident)
Storer, William R. ..3266 N. Meridian St. (08) (CD)
Storey, D. Edmund 1010 E. 86th St. (40) (IM)
Stouder, Stephen R. ..8402 Harcourt Rd. (60) (GE)
Strang, William C. ...1815 N. Capitol Ave. (02) (P)
Strange, Paul S.
Methodist Hosp. (02) (GS) (Resident)
Streeter, Ralph T. ...3131 E. 38th St. (18) (OBG)
Strickland, James W. ..8402 Harcourt Rd. (60) (ORS)
Strickland, Neil R. ...5506 E. 16th St. (18) (OBG)
Stucky, Elsworth K. ...1349 Madison Ave. (25) (GP)
Stump, Loyd K. 3949 Meadows Dr. (05) (IM)
Stump, Thomas A. Community Hospital (19) (PATH)
Suelzer, John G. 3266 N. Meridian St. (08) (ORS)
Suess, Robert E. ..2206 N. Arlington Ave. (18) (IM)
Sullivan, James J.
St. Vincent's Hospital (60) (PATH)
Summerlin, Jack D. ..3351 N. Meridian St. (08) (OTO)
Surratt, Mary Norris 740 E. 52nd St. (05) (OPH)
Sutton, William E. ..5807 Brockton Dr. (20) (OO)
Swan, John R. 3233 N. Meridian St. (08) (OTO)
Symmes, Alfred T. 1010 E. 86th St. (40) (IM)
Szynal, John S. 2811 E. 46th St. (05) (GS)

T

Talbott, Dan E. (S)
6470 N. Michigan Rd. (68) (OO)
Tarry, Kirby B.
I.U. Medical Center (02) (U) (Resident)
Taube, Jack I. 803 C of C Bldg. (04) (OPH)
Tavel, Morton E. ..1935 N. Capitol Ave. (02) (IM)
Taylor, Clifford C. (S)
Community Hospital (19) (R)
Taylor, Frederic W. (S)
3524 N. Meridian St. (08) (GS)
Taylor, Harold F.
St. Vincent's Hosp. (60) (Nuclear Med.)

Taylor, Willis D. Ford Motor Co., Box 19106 (19) (OM)
Teixler, Victor A. 9100 Meridian Sq. (60) (OPH)
Test, Charles E. 115 N. Penn St. #1559 (04) (IM)
Teter, George V. 1221 E. 86th St. (40) (PD)
Tether, Joseph E. 3266 N. Meridian (08) (IM)
Thatcher, Hugh K., Jr. ..4548 College Ave. (05) (GP)
Thoman, Rex L. ..1815 N. Capitol Ave. (02) (IM)
Thomas, Charles R. ..532 Turtle Creek N. Drive (27) (OBG)
Thomas, E. Paul 3450 N. Illinois St. (08) (A)
Thomas, Fred A. (S) 5827 Broadway (20) (OO)
Thomas, Lowell I. ..1815 N. Capitol Ave. (02) (ORS)
Thomas, Michael H. ..1100 W. Michigan St. (02) (U)
Thomas, Morris E. ..1802 N. Illinois St. (02) (IM)
Thompson, Joseph F.
I.U. Medical Center (02) (OBG)
Thompson, Paul D.
625 Board of Trade Bldg. (04) (OPH)
Thompson, Wayne H. ...5470 E. 16th St. (18) (GS)
Thornton, Harold C. (S)
301 E. 38th St. (05) (PATH)
Throop, Frank B.
3266 N. Meridian St. (08) (ANES)
Tindall, George T. 6002 Windsor Dr. (18) (GP)
Tinsley, Walter B., Jr. ...8432 W. 85th St. (78) (GP)
Tinsley, Walter B. (S) 5300 W. 96th Street (68) (OO)
Tondra, John M. .400 Hume Mansur Bldg. (04) (PS)
Tord, Jose N. ...3266 N. Meridian St. (08) (IM)
Torrella, Jose A. 5324 W. 16th St. (24) (GP)
Toumey, Fred L. 1802 N. Illinois St. (02) (OTO)
Townley, Normand T.
3266 N. Meridian St. (08) (ANES)
Trainer, Thomas F. ..2020 W. 86th St. (60) (ORS)
Trudgen, Spencer F. .2020 W. 86th St. (60) (OBG)
Trusler, H. Marshall
115 N. Penn. St. #1144 (04) (PS)
Tuchman, Joseph H. 2040 E. 46th St. (05) (GP)
Tucker, Warren S.
Marion Co. Gen. Hosp. (02) (PUD)
Tushan, Fayez S. 1213 N. Arlington Ave. (19) (PUD)
Tyner, Harlan H. .3202 N. Meridian St. (08) (OPH)

U-V

Ullom, Ralph B. 3524 N. Meridian St. (08) (IM)
Van Campen, Warren M.
3266 N. Meridian St. (08) (ANES)
Vandivier, James M. ..8402 Harcourt Rd. (60) (IM)
Van Dorn, Myron J. 2165 Weslynn Dr. (08) (ANES)
Van Fleet, Josephine
1330 W. Michigan St. (06) (PATH)
Van Hove, Eugene D. Methodist Hosp. (02) (R)
Van Meter, C. Powell 5470 E. 16th St. (18) (GP)
Van Tassel, Charles J. ..8402 Harcourt Rd. (60) (U)
Van Vactor, Helen D. 1815 N. Capitol Ave. (02) (IM)
Vollrath, Victor J. 5202 N. Illinois St. (08) (GP)
Von Der Haar, Gerard
1640 N. Ritter Ave. (18) (GP)
Vore, Robert E. .5350 Marmon Circle (26) (ANES)

W

Wagner, Virginia M.
2840 N. High School Road (24) (PD)
Wahle, William M.
Marion Co. Gen. Hosp. (02) (PATH)
Waife, S. O. 740 S. Alabama (06) (IM)
Wainscott, Clinton S., Jr.
1303 N. Arlington Ave. (19) (ORS)
Waldo, J. Thayer (S) 420 W. 64th St. (60) (OO)
Walthall, Gerald C. ..I.U. Medical Center (02) (OTO) (Resident)
Walther, Joseph E. ..3202 N. Meridian St. (08) (IM)
Walton, William M. 1802 N. Illinois St. (02) (U)
Ward, Wesley C. 5130 N. Meridian St. (08) (GP)
Warneke, Charles H.
1815 N. Capitol Ave. (02) (ORS)
Warriner, James B. ..1012 N. Emerson Ave. (19) (IM)
Warvel, John H., Jr. 1010 E. 86th St. (40) (IM)
Washington, Wilbert ...2142 N. Capitol (02) (OPH)
Waters, George E. 8402 Harcourt Rd. (60) (OPH)
Watson, Stephen C. St. Vincent's Hosp. (60) (GP)
Weaver, Dorothy E. ...1100 S. Tibbs Ave. (41) (IM)
Webb, Michael K. 3266 N. Meridian St. (08) (OBG)
Wellman, Henry N. ..I.U. Medical Center (02) (IM)
West, Joseph L. 6714 Rockville Rd. (24) (GP)
Westfall, B. Kemper 668 E. 38th St. (05) (GP)
Wheeler, David E. Community Hospital (19) (R)
Wheeler, Edward C. 3500 Lafayette Rd. (22) (R)
White, Charles F. Community Hospital (19) (PM)
White, Donald J. 3524 N. Meridian St. (08) (A)
White, Douglas H. ..3524 N. Meridian St. (08) (IM)
White, John B., Jr. ..1815 N. Capitol Ave. (02) (ORS)
Widdifield, G. E. ..532 Turtle Creek, N. Dr. (27) (GP)
Wilkens, Irvin W.
4820 E. Pleasant Run Pkwy., N. Dr. (01) (OO)
Williams, Harold W. 6000 E. 46th St. (26) (GP)
Williams, Howard S. .Community Hospital (19) (IM)
Williams, Hugh L. 4829 E. 38th St. (18) (ORS)
Williams, James 2615 N. Capitol Ave. (08) (U)
Williams Paul D. 36 S. Pennsylvania St. (04) (P)
Wilson, Fred M. I.U. Medical Center (02) (OPH)
Wilson, Fred Monroe
I.U. Medical Center (02) (OPH)
Winters, Peter Lee 8402 Harcourt Rd. (60) (D)
Wirey, Harold R. ..7377 S. Madison Ave. (27) (GP)
Wise, William R. 2372 Lafayette Rd. (22) (GP)
Woerner, Jean 8402 Harcourt Rd. (60) (PUD)
Woerner, Thomas E. ..8402 Harcourt Rd. (60) (IM)
Wolf, Harry C. 1265 W. 86th St. (60) (GP)
Wolfram, Don J. 3 Virginia Ave. (04) (ADM)
Wood, Donald E. 6325 Guilford Ave. (20) (IM)
Woodard, Abram S., Jr. ..668 E. 38th St. (05) (GP)
Woolling, Kenneth R.
1815 N. Capitol Ave. (02) (IM)
Worley, Joseph P. .5839 E. Washington St. (19) (GP)
Wrege, Malcolm L. 1502 N. Emerson Ave. (19) (GS)
Wright, J. William, Jr. ..5506 E. 16th St. (18) (OTO)
Wright, J. William, III I.U. Medical Center (02) (OTO) Resident
Wunsch, Charles M. 1213 N. Arlington (19) (CD)
Wurster, Richard E. 5506 E. 16th St. (18) (U)
Wyttenbach, John E. (S)
5808 Eastview Ct. (50) (GS)

Y

Yacko, Michael L. 5350 E. 38th St. (18) (ANES)
Yaw, Peter B. Marion Co. Gen. Hosp. (02) (GS)
Yingling, Robert J. ..Community Hospital (19) (R)
Yonkman, Gerhard F. 6525 E. 82nd St. (50) (FP)
Young, Eusebio C. 5506 E. 16th St. (18) (IM)
Young, John E. 4829 E. 38th St. (18) (ORS)
Young, John M. 4535 Marcy Lane (05) (OO)
Young, John T. 3151 N. Illinois St. (08) (PD)
Yune, Heun Y. I.U. Medical Center (02) (R)

Z

Zell, Evertson H. 812 C. of C. Bldg. (04) (GS)
Zeman, Ruth E. 3266 N. Meridian St. (08) (P)
Zerfas, Phyllis K. 11702 Maze Rd. (59) (OO)
Zimmer, John F. 1221 E. 86th St. (40) (PD)

OUT OF STATE

Arnold, Anthony J.
U.S.N. Hosp., Camp Lejeune, N.C. 28542 (ORS) (Military)
Brown, Archie E. 5575 Gulf Blvd., St. Petersburg Beach, Fla. 33706 (OO)
Bruetsch, Walter L. (S) 2663 Tallant Rd., Santa Barbara, Calif. 93105 (OO)
Buckingham, Richard E., Jr.
Bethesda Naval Med. Ctr. Bethesda, Md. 20014 (Military)
Coles, Jerry L.
P.O. Box 613, Eagle River, Alaska 99577 (U)
Cullen, P. Kent, Jr.
230 W. Pueblo St., Santa Barbara, Calif. 93105 (GS)
Daniel, John C. (S) 531-B Via Estrada, Laguna Hills, Calif. 92653 (OO)
Dettmer, Robert W.
5634-A Floger, Fort Knox, Ky. 40121 (Military)
Dirks, Kenneth R. ...Research Div., U.S. Army Med. Res. & Dev. Comm., Fort Detrick, Frederick, Md. 21701 (PATH) (Military)
Fleischl, Herbert Box 192, Sanibel, Fla. 33957
Gabe, William E. (S) 61 Heather Lane, Orinda, Calif. 94563 (OO)
Genna, Mary M. 1448 Crestline Dr., Santa Barbara, Calif. 93105 (OO)
Hazelrigg, Donald E.
5942 Benning-W. Berry, Houston, Texas 77035 (D) (Resident)
Hunteman, Roy K. R.R. 1, Box 450A, Johns Island, S.C. 29455 (OO)
Hurt, LaVerne B. (S) 3102 Palm Ave., Delray Beach, Fla. 33444 (OO)
Janicki, Robert S. Abbott Laboratories, North Chicago, Ill. 60064 (SR)
Kim, Young D. (S)
1539 N.E. 143rd St., Seattle, Wash. 98125 (OO)
Koontz, James A.
2009 Jackson Dr., Vincennes 47591 (OO)
Lambert, Dennis M.
424 West Washington, Lake Bluff, Ill. 60044 (Military)
Lawler, George F. (S) 133 Edmund Dr., Long Beach, Miss. 39560 (GP)
Locke, Robert A. Anesthesia Dept., 2nd General Hosp., APO New York 09180 (Military)
Martz, Bill L. 10200 Rosewood, Overland Park, Kan. 66207 (IM)
Matthew, W. H. Martin Army Hospital, Fort Benning, Ga. 31905 (Military)
Montgomery, W. Foster
CSM Med. Div., Room 4415, Washington, D.C. 20415 (Military)
Moser, Rollin H. (S)
105 1st St., Bellaire Beach, Fla. 33535 (OO)
Myers, Roy V. (S) 7710 Beta Circle, West Palm Beach, Fla. 33406 (OO)
Pearson, Lyman R. (S)
632 Edgewater Dr., #431, Dunedin, Fla. 33528 (OO)
Peck, Franklin B. (S) 5858 W. Lazy S, Tucson, Ariz. 85713 (OO)
Reed, Philip B.
Box 14132, St. Petersburg, Fla. 33733 (P)
Rigg, John F. (S) 131 Gulfstream Rd. N. Palm Beach, Fla. 33408 (OO)
Rogers, Thomas P. (S) 6142 La Pintura Dr., La Jolla, Calif. 92037 (OO)
Rowe, Geo. A. 3390 Anaconda Drive, Cincinnati, Ohio 45211 (GS) (Resident)
Rudolph, Stephen J., Jr. Box 1844, Kessler AFB, Miss. 39534 (Military)
Rust, Byron K. 1325 Hidden Harbor Way, Sarasota, Fla. 33581 (OO)
Sage, Russell A., Jr.
141 W. 20th St., Farmington, N. Mexico 87401 (OTO)
Sheffer, Keith D. 3729A Furman Smith Road, Columbia, S.C. 29206 (ORS) (Military)
Smith, Victoria T. 600 Virginia Ave., Apt. C, Oakmont, Pa. 15139 (PMR) (Resident)
Snider, Byron (S) R.R. 1, Box 963, Escondido, Calif. 92025 (OO)
Steichen, James B. 402 Rogers Lane, Lawton, Okla. 73501 (ORS) (Military)
Stone, David F. 245 S.E. Stebbins Terrace, Port Charlotte, Fla. 33950 (OO)
Thompson, John V. 1530 S. Ocean Blvd., Pompano Beach, Fla. 33062 (TS)
Warner, Theodore M. II
David Grant Med. Center, Travis AFB, Fairfield, Cal. 94535 (Military)
Ziperman, H. Haskell 214 Gardenview, San Antonio, Texas 78213 (Military)

MARSHALL COUNTY

Coursey, James O., Jr. Argos 46501 (GP)
Hampton, James N. Argos 46501 (GP)
Swihart, John J. Argos 46501 (PATH)
Connell, Vactor O. Bourbon 46504 (GP)
Kemp, W. Alfred Bourbon 46504 (GP)

BREMEN
(*Zip Code* 46506)

Bowen, Otis R. 304 N. Center St. (GP)
Governor's Residence, Indianapolis 46204
Burket, Cecil R. 424 W. South St. (GP)
Schreiner, John E. 201 E. Plymouth (GP)
Stine, Marshall E. 424 W. South St. (GP)

CULVER
(*Zip Code* 46511)

Deery, Michael F. 953 E. Shore Dr. (GP)
Honzik, Ralph J. Culver Military Academy

Rosero, M. George Kewanna 46939 (GP)

PLYMOUTH
(*Zip Code* 46563)

DeJesus, Jose R., Jr. ...120 W. Washington St. (IM)
France, Lloyd C. 1223 N. Center St. (GS)
Guild, John K. 116 E. Washington St. (GP)
Kubley, James D. 304 N. Walnut St. (GP)
Peterson, Ronald L. ...116 E. Washington St. (GP)
Rimel, James F. 1223 N. Center St. (GS)
Robertson, James S. 304 N. Walnut St. (GP)

MARTIN COUNTY
(See Daviess-Martin)

MIAMI COUNTY

Crates, Gordon C. Denver 46926 (GP)
Sixbey, Maurice D. Denver 46926 (GP)
Sennett, William K. (S) Macy 46951 (GP)

PERU
(*Zip Code* 46970)

Baluyut, Amando L. 29 S. Main (U)
Farag, Rafik S. 58 E. 3rd St. (GS)
Ferrara, Donald W. (S) 18 W. Fifth St. (GS)
Ferrara, Samuel J. 18 W. Fifth St. (GS)
Guthrie, James U. 27 W. Sixth St. (GS)
Hill, Lloyd L. 302 N. Duke St. (GP)
Rendel, Harold E. 302 N. Duke St. (GP)
Reyes, Diego C. 15 S. Wabash St. (GP)
Snyder, Parker W. 302 N. Duke St. (GP)

Malouf, Stephen D. (S) Box 457, Bloomington, Ill. 61701 (GS)

MONROE COUNTY
(See Owen-Monroe)

MONTGOMERY COUNTY

CRAWFORDSVILLE
(*Zip Code* 47933)

Alexander, Stephen J. 408 W. Market St. (OPH)
Bahler, Dean R. 1009 Sloan St. (GP)
Baird, M. Keith 215 N. Ward Ave. (GP)
Benjamin, Samson A. 7 Twin Oaks, R.R. 8 (OBG)
Byllesby, Joyce E. Box 111 (PATH)
Daugherty, Fred N. (S) 120 W. Pike St. (GP)
Dodds, Wemple (S) Culver Hospital (R)
Eggers, Richard R. 120 W. Pike St. (GP)
Foltz, Jack L. 913 S. Grant St. (OBG)
Haller, Thomas C. 411 Tinsley Ave. (OO)
Howland, Carl B. Box 506-Green Acres (GP)
Kirtley, James M. Box 506-Green Acres (GP)
Ludwig, Paul E. 408 W. Market St. (OPH)
Millis, Samuel C. 312 Jones St. (GP)
Peacock, Norman F. 219 Ben Hur Bldg. (OTO)
Peralta, Jose 411 Tinsley Ave. (GS)
Shannon, Wesley E. 115 Ward St. (GP)
Stephens, James P. 115 Ward St. (GP)
Viray, Victoriano G. 411 Tinsley Ave. (GS)
Warbington, Fred P. 215 Ward Ave., (GP)

Blix, Fred M. Ladoga 47954 (GP)
Kindell, Hurschell D. (S) New Richmond 47967 (GP)
Richards, Edgar E. (S) Russellville 46175 (GP)
Thompson, Claude N. Waynestown 47990 (GP)
Parker, Carl B. Wingate 47994 (IM)

MORGAN COUNTY

MARTINSVILLE
(*Zip Code* 46151)

Alarcon, Arcadio M. Sunnyside Dr. (IM)
Bloemker, William K. R.R. 3, Lynn Dr. (FP)
Brubeck, Robert E. Sunnyside Drive (GP)
Drake, Ellery T. Box 110 (GS)
Eisenberg, David A. 549 S. Jefferson St. (GP)
Gray, Leon (S) 171 E. Washington St. (GS)
Jones, William H. 1630 S. Ohio St. (GP)
Miller, Ray D. 546 N. Lincoln St. (GP)
Ostheimer, George Sunnyside Drive (GP)
Pitkin, McKendree C. (S) 440 E. Washington St. (OO)
Tuason, Leo B. Sunnyside Dr. (GS)
Turner, Maurice A. 10½ N. Main St. (ANES)
Van Wienen, John 60 W. Morgan (GP)
Willan, Horace R. (S) 109 S. Jefferson St. (OO)
Winter, William P. 1390 E. Columbus (GP)

MOORESVILLE
(*Zip Code* 46158)

Comer, Kenneth E. R.R. 2, Box 444 (PR)
Kendrick, William M. 130 Indiana St. (PR)
Kourany, Edgar 1125 N. Indiana St. (GP)
Kourany, Oscar 1125 N. Indiana St. (GP)
Van Bokkelen, Robert W. ..Medical Arts Bldg. (GP)

Steele, Lowell R. 4417 Blackstone Court Bloomington 47401 (GS)
Wilson, Oliver R. Box 525, Morgantown 46160 (GP)
Miller, Robert J. Paragon 46166 (GP)

NEWTON COUNTY

Schoonveld, Arthur Brook 47922 (GP)
Parker, John C. Goodland 47948 (GP)
Kresler, Leon E. 101 N. Fourth St., Kentland 47951 (GP)
Guzman, Marcelino F. Morocco 47963 (GS)

NOBLE COUNTY

Bowman, Charles N. Albion 46701 (GP)
Chandler, James D. Avilla 46710 (OO)
Fitzkee, William E. Albion 46701 (GP)
Sneary, Max E. Avilla 46710 (GP)

KENDALLVILLE
(*Zip Code* 46755)

Bryan, Robert E. 705 N. State St. (GP)
Hepner, Herman 705 N. State St. (GP)
Messer, Frank W. (S) 115 E. Rush St. (GP)

Murray, Roger C. P.O. Box 547 (OO)
Patel, Manu P. Box 112 (GS)
Stallman, Carl F. 409 E. Wayne St. (GP)

LIGONIER
(*Zip Code* 46767)

Hooker, Donald J. 104 S. Main St. (GP)
Stone, Robert C. 405 S. Cavin St. (GP)

Greenlee, Joseph A., Jr.
3529 Brian Place, Carmel 46032 (GS) (Resident)
Fipp, August L. (S) Rome City 46784 (OO)
Pulskamp, Bertrand H. (S) ..Wolcottville 46795 (GP)

Carpenter, Ramesh S. ..Grady Gen. Hosp., Cairo, Ga. 31728 (GP)

OHIO COUNTY
(See Dearborn-Ohio)

ORANGE COUNTY

Hagan, Marion L. French Lick 47432 (GP)
Hodgin, Phillip T. Orleans 47452 (GP)
Schoonfield, William E. (S) Orleans 47452 (GP)
Clark, Ivan A. Paoli 47454 (GP)
McCalla, Charles X. Paoli 47454 (GP)
Spears, John K. Paoli 47454 (GP)

OWEN-MONROE COUNTY

BLOOMINGTON
(*Zip Code* 47401)

Anderson, Wm. R. 421 W. First St. (OBG)
Baxter, Neal E. 306 E. Fifth St. (IM)
Bishop, Michael D. Bloomington Hospital (OO)
Bomba, Brad J. 515 Woodcrest Dr. (GP)
Booze, James H. 711 W. Second (ORS)
Borland, Raymond M. (S) ..114 N. Lincoln St. (GP)
Buckingham, Richard E. 344 S. College Ave. (GP)
Campbell, William T. 615 W. First St. (GP)
Cofield, Donald D. 351 S. Lincoln St. (OPH)
Coons, Frederick W. 2801 N. Walnut St. (P)
Crane, David G. 615 N. Walnut St. (P)
Creek, Jean Arthur 419 W. First Street (IM)
Cron, William J. 725 W. First Street (D)
Cureton, Edward E. 619 W. First St. (P)
Dalton, Naomi L. 2307 E. Second St. (ANES)
Ellis, Charles R. Bloomington Hospital (PATH)
Emery, Charles B., Jr. 711 W. Second (ORS)
Estes, Ambrose C. 400 E. Third St. (GS)
Farr, James C. 405 E. Fourth St. (IM)
Ferguson, James F. III P.O. Box 1149 (R)
Fowler, R. Ross 104 N. Grant St. (GP)
Fugelso, Erling S. 207 Heritage Rd. (GP)
Ganji, Nasser ...3500 N. Homestead Drive (ANES)
Geiger, Dillon D. 115 S. Lincoln St. (OTO)
Greenlee, James R. 4216 Sheffield Dr. (AM)
Habbe, Timothy A. 711 West Second St. (U)
Haddawi, Rajih Y. 515 Woodcrest Drive (ORS)
Hammer, Jay W. 1323 E. First St. (R)
Hepner, Herman S. (S) ...312 N. Walnut St. (OPH)
Hibner, Kermit Q. 117 N. Grant St. (GP)
Holtzman, Paul W. 113 S. Lincoln St. (IM)
Howard, William F. 619 W. First St. (OBG)
Hrisomalos, Frank N. ...306 E. Kirkwood Ave. (GP)
Jastremski, Chester 515 Woodcrest Drive (GP)
Johnloz, David K. 419 W. 1st St. (IM)
LaFollette, James W. 1920 E. Third St. (GP)
Landon, David J. 600 N. Jordan (ADM)
Lewis, George N. 619 W. First St. (IM)
Ley, Glen D. 400 E. Third St. (IM)
Link, William C. 314 W. First St. (GP)
Lundblad, Wilfred M. 717 W. First St. (IM)
McClary, Charles W. 1920 E. Third St. (GP)
McIntire, Clarence R. Bloomington Hosp (R)
McKeen, Charles L. 619 W. First St. (GS)
Manifold, Harold M. 1920 E. Third St. (GP)
Mather, Glenn B. ...Bloomington Hospital (PATH)
Matthews, Leland R. 421 W. First St. (OBG)
Megremis, Theodore L. Box 1149 (R)
Middleton, Thomas O. Box 457 (PD)
Milan, Joseph F. 515 Woodcrest Drive (GS)
Miller, John M. 600 N. Jordan St. (ADM)
Mitchell, James P. ..815 Meadowbrook Dr. (ANES)
Morford, Guy 615 W. First St. (ANES)
Owens, Walter L. 421 W. First (OBG)
Pizzo, Anthony Bloomington Hospital (PATH)
Poolitsan, George C. 407 N. Walnut St. (GP)
Pugh, William 115 S. Lincoln (OTO)
Ramsey, Hugh S. 619 E. First St. (GP)
Ratts, Larry D. 1920 E. Third St. (GP)
Ray, James A. 321 W. Second St. (GP)
Reimers, Roger A. P.O. Box 1149 (R)
Rezvan, Nader 615 W. First St. (ANES)
Rieger, I. Taylor 711 W. Second St. (U)
Robinson, Robert D. 619 W. First St. (IM)
Robison, Roger F. 619 W. First St. (IM)
Rollins, Thomas K. 114 E. Seventh St. (GP)
Ross, Ben R. (S) 314 E. Seventh St. (GP)
Ross, James B. 314 E. Seventh St. (ANES)
Ruff, Jerard G. 1111 N. Walnut St. (PD)
Schaffer, James J. 717 W. First St. (PD)
Schell, H. Richard 711 W. Second St. (OBG)
Schilling, Richard J. 711 W. Second St. (GS)
Seagle, William C. 111 E. Ninth St. (ORS)
Shahbahrami, Farrokh 619 W. First St. (GS)
Sharp, Thomas W. 3901 E. Third St. (GP)
Sibbitt, Joseph W. 115 S. Lincoln St. (OTO)
Smith, Herschel S. Box 667 (OPH)
Spencer, Beaufort A. 110 E. 10th St. (A)
Stangle, William J. 640 S. Rogers (R)
Stoner, Harold E. 615 N. Walnut St. (P)
Surian, Michael A. 711 W. Second St. (U)
Taraba, Ralph W. 211 E. Martha St. (IM)
Thurston, Floyd E. 600 N. Jordan St. (GP)
Tinio, Wilfrido M. Box 1149 (ANES)
Topolgus, James N. 403 N. Walnut St. (GP)
Topolgus, James N., Jr. 403 N. Walnut St. (GS)
Walker, Robert M. P.O. Box 1149
Way, James A. 2315 E. Third St. (OPH)
Wenzler, Paul J. 3901 E. Third St. (GP)
White, John P., Jr. 115 S. Lincoln St. (OTO)

Macatangay, Edelino L. Ellettsville 47429 (GP)
Bidney, Evelyn B.
5946 N. New Jersey St., Indianapolis 46220 (OO)
Schultheis, Richard L. ..4533 Broadway, Indianapolis 46205 (GP)

SPENCER
(*Zip Code* 47460)

Buck, Rodger L. 9 Crane Ave. (GP)
Kay, Oran E. (S) Main & Morgan Sts (OO)
Rose, Robert E. Box 721, Spencer Medical Clinic (GP)

Brown, Marcel S.
R.R. 1, Haines City, Fla. 33844 (OO)

PARKE-VERMILLION COUNTIES

CLINTON
(*Zip Code* 47842)

Evans, Frederick J. 226 S. Main St. (GP)
Herzberg, Milton 222 Elm St. (GP)
Montecillo, Antolin M. 257 Walnut St. (GP)
Somerville, John W. 225 Elm St. (OM)

Webb, Lawrence C. Dana 47847 (GP)
Britton, Welbon D. Montezuma 47862 (GP)

ROCKVILLE
(*Zip Code* 47872)

Bloomer, Richard S. 115 N. Market St. (GP)
Dowell, Emil H. (S) 705 W. Ohio St. (GP)
Harstad, Casper (S) 216 W. High St. (GP)
Swaim, J. Franklin .P.O. Box 185, Anderson St. (GP)

Fell, Robert M. Rosedale 47874 (GP)
Kempf, Gerald F. (S)
3032 Sears Rd., Spring Valley, Ohio 45370 (OO)
Pace, Jerome V. (S) 5791 Estero Blvd., Fort Myers Beach, Fla. 33931 (PUD)

PERRY COUNTY

Bush, Hargis R. (S) Cannelton 47520 (GP)
Gilbert, Robert G. Cannelton 47520 (R)

TELL CITY
(*Zip Code* 47586)

Lohoff, Lewis C. 507 Main St. (GP)
Neifert, Noel L. 507 Main St. (GP)
Ress, Gene E. 507 Main St. (GP)
Smith, Fred, Jr. 507 Main St. (GP)
Ward, Robert A. 507 Main St. (GP)

PIKE COUNTY

PETERSBURG
(*Zip Code* 47567)

Hall, Donald L. 7th & Poplar Sts. (GP)
Omstead, Milton 110 S. Sixth St. (GP)

PORTER COUNTY

Rabelo, John S. Box 434, Beverly Shores 46301 (ANES)

CHESTERTON
(*Zip Code* 46304)

Babcoke, Gary A. 700 S. Calumet (GP)
Forchetti, John A. 700 S. Calumet (GP)
Griffin, Joseph P. 419 S. Jackson Blvd. (D)
Hall, Thomas C. 621 Broadway (GP)
Hull, Joel I. 6 Shore Drive, Dune Acres (GP)
Read, John E. 403 E. Morgan St. (OPH)
Robertson, William C. 5 Oak Drive (ANES)
Shields, Duncan M. R.R. 3, Box 248 (OM)
Woodward, William M. 20 Crest Dr. (IM)

Sun, Chen T. Hebron 46341 (GP)

PORTAGE
(*Zip Code* 46368)

Crise, John R. 14000 Central (GP)
Dy, James T. 2530 Hickory St. (GP)
Dy, Juley T. 2642 Eleanor St. (GP)
Farahmand, Firouz 2674 Portage Mall (PD)
Hoham, Frederick D. 14000 Central (GP)
Kilmer, Warren L. 2674 Portage Mall (GS)
Lucas, Owen H., Jr. 2674 Portage Mall (FP)
Sturdevant, Frank M. 14000 Central (OBG)
Tetrick, Lain National Steel Corporation (OM)

Harless, Clarence M. (S)
445 Franklin, Porter 46369 (GP)

VALPARAISO
(*Zip Code* 46383)

Armalavage, Leon J. 802 LaPorte Ave. (ORS)
Azar, George A. 814 LaPorte Ave. (PATH)
Behrend, Frank 1101 Glendale Blvd. (OBG)
Birdzell, John P. 814 LaPorte Ave. (GP)
Brown, James R. 1005 Campbell St. (U)
Covey, Thomas J. R.R. 11, Box 444B (PD)
Covington, Constance 1101 E. Glendale (PD)
Davis, Carl M. (S) R.R. #13 (GP)
DeGrazia, Eugene J. 810 LaPorte Ave. (GS)
DeLumpa, Rustica 802 LaPorte Ave. (OO)
DeLumpa, Vicente P. ..Porter Memorial Hospital (U)
Dittmer, Jack E. 60 Jefferson St. (GP)
Dittmer, Thomas L. 60 Jefferson St. (GP)
Evans, Daniel R. 2005 Valparaiso St. (OPH)
Frank, John R. (S) 23 Lincolnway (OTO)
Gates, G. Gregory 814 LaPorte (OO)
Gold, Marvin E. 1005 Campbell St. (IM)
Green, Leonard J. 1005 Campbell St. (GP)
Griffin, Charles G. 1101 E. Glendale Rd. (GS)
Hansen, Nikolas F. 1005 Campbell St. (GP)
Kimmel, Louis E., Jr. R.R. 4, Box 190D (GS)
Kobak, Alfred J., Jr. ...1101 E. Glendale Rd. (OBG)
Koenig, Robert L. 1101 E. Glendale Rd. (GP)
Ku, Marshall 802 LaPorte Ave. (PD)
Lands, Robert M. 200 Oxbow Ct. (GP)
Lee, Robert Y. 808 Lincolnway (GP)
McBride, J. William .Porter Memorial Hosp. (PATH)
Makovsky, Theodore 1005 Campbell St. (GP)
Moayad, Cyrus 1105 E. Glendale Rd. (OTO)
O'Neill, Martin J. 301 Washington St. (GP)
Ong, Tiong G. 1005 N. Campbell St. (GP)
Oster, Jack H. (S) 1909 Beech St. (P)
Pangan, Zanita C. 802 LaPorte Ave. (OBG)
Patheja, Surjit S. 814 LaPorte Ave. (R)
Poncher, John R. 1101 E. Glendale Rd. (PD)

Poracky, Bernard F. Porter Mem. Hosp. (R)
Riordan, John F. ...Porter Memorial Hosp. (ANES)
Scheimann, Lois 702 Lincolnway (D)
Shevick, Alexander ...1005 N. Campbell St. (OBG)
Sison, Edwardo V. 1005 Campbell St. (OO)
Sorkin, Sheila 402 Glendale Blvd. 2D (OO)
Stoltz, Robert M. 1406 LaPorte Ave. (GP)
Taylor, James D. 1101 E. Glendale (GP)
Tufekcioglu, Erdogan 802 LaPorte Ave. (R)
Vietzke, Paul C. F. (S) 1005 Campbell St. (GS)
Wu, Stewart 802 LaPorte Ave (GS)
Ylagan, Luis B. 814 LaPorte Ave. (ANES)

Gordon, Joseph L. (S) Wheeler 46393 (GP)

Holwerda, Harry L. DeMotte 46310 (GP)
Kingma, Roy E. DeMotte 46310 (GP)

GARY

Blando, Uldarico B. 6101 Birch Ave. 46403 (R)
Cohen, Hyman L. 1600 W. 6th Ave., 46402 (N)
Gallinatti, John J. 7900 Ash Ave. 46403 (GP)

Barros, Paul R. Hobart 46342 (OPH)
Jahns, Albin A.
7863 Broadway, Merrillville 46410 (ORS)

POSEY COUNTY

Ropp, Harold E. New Harmony 47631 (GP)
Woods, Arba L. (S) ..Owensville Convalescent Home, Owensville 47565 (OO)
Boren, Paul R. (S) Poseyville 47633 (GP)

MOUNT VERNON
(*Zip Code* 47620)

Crist, John R. 105 E. Sixth St. (GP)
Hirsch, Herman L. 126 W. Fifth St. (GP)
Vogel, L. John 722 Main St. (GP)

PULASKI COUNTY

WINAMAC
(*Zip Code* 46996)

Halleck, Harold J. (S) 119 W. Main St. (GP)
Hollenberg, Edward L. 613 Tippecanoe Dr. (GP)
Thompson, William R. 111 N. Monticello (GP)

PUTNAM COUNTY

Veach, Lester W. (S) Bainbridge 46105 (GP)
Veach, Richard L. Bainbridge 46105 (GP)
Ellett, John, Jr. Coatesville 46121 (GP)
Vieira, Thomas J. Coatesville 46121 (GP)

GREENCASTLE
(*Zip Code* 46135)

Dettloff, Frederick R. 407 Melrose Ave. (GP)
Fuson, Wenfred J. (S) 314 Redbud Lane (GP)
Glock, Hugh E. 239 Hillsdale Ave. (GS)
Haggerty, Fred E. 600 N. Arlington (GP)
Jacobs, Rene M. 109 S. Vine St. (GP)
Johnson, James B. 600 N. Arlington (GP)
Lett, James C. 239 Hillsdale (GS)
Marvel, Robert J. 600 N. Arlington (IM)
Roof, Roger S. DePauw Health Service (GP)
Schauwecker, Cleon M. 239 Hillsdale Ave. (GS)
Tipton, William R. 110 S. Vine St. (GP)
Wiseman, V. Earle (S) 239 Hillsdale Ave. (GS)

Smith, A. Wilson 1901 Taylor Road, Columbus 47201 (ADM)

RANDOLPH COUNTY

Nixon, Byron (S) Farmland 47340 (GP)
White, Harvey E. Farmland 47340 (GP)
Jordan, Leo E. Lynn 47355 (GP)
Shallenberger, Henry R. (S) Modoc 47358 (GP)

UNION CITY
(*Zip Code* 47390)

Chambers, Carol R. ..Chambers Medical Clinic (GP)
Chambers, Leroy B. (S)
Chambers Medical Clinic (GP)
Leahy, Jerome M. R.R. 2 (GP)
Phipps, Leland K. (S) R.R. 1, Box 63A (GP)
Pyle, Susan K. 1150 N. Columbia (GP)
Reid, Robert W. (S) 726 W. Division St. (R)
Villa, Florencio C. 223 W. Oak St. (GP)
Wagoner, B. D. ..Corner Columbia and Lenox (GP)

WINCHESTER
(*Zip Code* 47394)

Dininger, William S. (S) 303 S. Main St. (GP)
Koch, Howard W. 700 Browne St. (GP)
Miranda, Conrado R. III 702 Browne St. (GP)
Painter, Lowell W. 124 E. Franklin St. (GP)
Slick, Crystal R. 512 S. Oak St. (GP)
Sparks, Paul W. 212 S. Main St. (GS)

RIPLEY COUNTY

BATESVILLE
(*Zip Code* 47003)

Daftary, A.A. 413 N. Elm St. (IM)
Garcia, Manuel G. R.R. 3 (GS)
Jaojoco, Armand E. R.R. #3 (GS)
Ortiz, Juan Fernando R.R. 2 (ANES)
Paras, Jose L.(GP)

Warn, William J. Milan 47031 (GP)
Gaton, Jordi Milan 47031 (U)
Row, George S. Osgood 47037 (GP)
McConnell, William C. Sunman 47041 (GP)
Libunao, Artemio S. Versailles 47042 (GP)
Hopkins, L. H. (S) Versailles 47042 (GP)

RUSH COUNTY

Sheets, Charles E. Manilla 46150 (GP)
Worth, C. Willard Milroy 46156 (GP)

RUSHVILLE
(*Zip Code* 46173)

Atkins, Clarence C. (S) ...225 N. Morgan St. (OTO)
Corpe, Kenneth F. R.R. 4 (GS)

Dean, Donald I. Fourth & Main (OPH)
Ellis, Davis W., Jr. E. 11th St. (GP)
Green, Frank H., Jr. 134 E. Second St. (GP)
Lee, John M. (S) 914 N. Morgan St. (OO)
McKee, Harry G. 208 W. First St. (GP)
Nutter, Wyndham H. 1003 N. Morgan (GP)
Reyes, Ordonio J. 206 W. First St. (GP)

McNabb, Richard C. 1315 W. 10th St. Indianapolis 46202

ST. JOSEPH COUNTY

Frith, L. G. (S) 51757 N. Hickory Rd., Granger 46530 (GP)
How, Louis E. (S) Lakeville 46536 (GP)

MISHAWAKA
(*Zip Code* 46544)

Addis, Howard M. 303 S. Main St. (OO)
Barone, Carmelo V. 307 W. Fourth St. (GP)
Gabriel, Magdi 303 S. Main St. (ORS)
Ganser, Richard A. 111 S. Race St. (GP)
Gerig, Eldon L. 303 S. Main St. (GS)
Macri, Paul A. 427 Lincoln Way E. (GP)
Mahank, Camiel C. 303 S. Main St. (OBG)
Orr, W. Robert 12388 E. Jefferson Rd. (ORS)
Paik, Bo Wook 303 S. Main St. (IM)
Rabasa, Rafael 303 S. Main St. (GP)
Reed, Robert F. 1316 Lincoln Way E. (GP)
Rosenwasser, Jacob 225 Lincoln Way E. (IM)
Schaphorst, Richard A. 612 N. Main St. (GP)
Schlossberg, Victor E., Jr. ...301 W. Fourth St. (IM)
Spalding, David L. 427 Lincoln Way E. (GP)
Spalding, Wendell L. ...427 Lincoln Way E. (GP)
Stringer, Drennon D. 303 S. Main St. (IM)
Walters, Charles E. 319 S. Spring St. (GS)
Whitlock, Merle E. (S) 303 S. Main St. (GS)
Wilson, Douglas J. 303 S. Main St. (OBG)

Charles, Sara C. University of Notre Dame, Notre Dame 46556 (P)

SOUTH BEND
(*Zip Code* 466 *plus zone number*).

A

Aigotti, Ronald E. 211 N. Eddy (17) (IM)

B

Backs, Alton J. 1831 N. Kessler Blvd. (16) (R)
Baran, Charles 212 Sherland Bldg. (01) (NS)
Bartsch, Harvey L. ...919 E. Jefferson Blvd. (22) (U)
Beach, Norman F. 919 E. Jefferson Blvd. (22) (R)
Bechtold, S. E. 919 E. Jefferson Blvd. (22) (OBG)
Bell, Horace D. 420 N. Hill St. (17) (GP)
Bennett, Jene R. 531 N. Main St. (01) (PATH)
Berke, Robert D. ...1118 Lincoln Way E. (18) (A)
Bird, John J. 710 JMS Bldg. (01) (OPH)
Birmingham, Peter J. (S)
61490 Meadowlark Lane (14) (GS)
Bodnar, Leslie M. 328 N. Michigan (01) (ORS)
Bogan, William C. Box 2113 (15) (GP)
Booth, Franklin M. ..1909 Am. Nat. Bank Bldg. (01) (PS)
Brechtl, Harvey J. 119 S. Eddy St. (17) (GP)
Buck, Richard C. 51916 U.S. 31 N. (37) (FP)
Buechner, Frederick W. (S)
116 N. Main St. (01) (GP)
Butts, Milton A. 118 N. Walnut St. (28) (GP)
Byler, John J. ...1002 Lincoln Way West (16) (GP)

C

Carter, F. R. Nicholas (S)
2000 E. Jefferson Blvd. (22) (GP)
Cassady, James V. (S) ..815 Sherland Bldg. (01) (OPH)
Cassady, John R. ...208 Sherland Bldg. (01) (OPH)
Chamberlain, Donald S. 919 E. Jefferson Blvd. (22) (R)
Chamblee, Roland W.
336 N. Notre Dame Ave. (17) (FP)
Cho, Hun-Koo 211 N. Eddy St. (17) (OBG)
Clark, William H. ..520 Sherland Bldg. (01) (OTO)
Cook, Gordon C. 719 N. Main St. (01) (OBG)
Cox, Alfred C. 51916 U.S. 31 N. (37) (GP)

D

Davis, Edward A. ...3014 Ardmore Trail (28) (GP)
Dean, Frederick K. 919 E. Jefferson Blvd. (22) (R)
Denham, Robert H. .109 S. St. Louis Blvd. (17) (ORS)
Devetski, Robert L. ..Am. Nat. Bank Bldg. (01) (IM)
Dietl, Ernest L. 820 Sherland Bldg. (01) (OTO)
Dingley, Albert F., Jr.
109 S. St. Louis Blvd. (22) (ORS)
Dodd, Robert D. 2311 N. Miami St. (14) (GP)
Dolezal, Bernard J. ...115 S. Eddy St. (17) (GP)
Dunfee, Thomas P. 912 E. LaSalle St. (17) (Nephrology)
Dunlap, D. Logan 523 J.M.S. Bldg. (01) (IM)

E

Eades, R. Charles ..914 E. Jefferson Blvd. (17) (P)
Edwards, Bernard E. ..1134 Ridgedale Rd. (14) (GP)
Egan, Sherman L. 523 J.M.S. Bldg. (01) (IM)
Engel, Howard R. ..919 E. Jefferson Blvd. (22) (IM)
English, John Paul 211 N. Eddy (17) (IM)
Erickson, Gustaf W. 211 N. Eddy (17) (PD)

F

Farner, James E. 130 W. Park Lane (01) (GP)
Feferman, Martin E. .919 E. Jefferson Blvd. (22) (NS)
Feldman, Max 1921 Miami St. (13) (GP)
Filipek, Walter J. ..311 Odd Fellows Bldg. (01) (GP)
Fink, James H. 211 N. Eddy St. (17) (IM)
Firestein, Ben Z. 919 E. Jefferson Blvd. (22) (D)
Firestein, Ray 502 N. Ironwood Dr. (01) (IM)
Fish, Edson C. ...414 Sherland Bldg. (01) (ANES)
Foley, Hansel O. 704 N. Main St. (01) (GP)
Forrest, O. Norman, Jr. ..912 E. LaSalle Ave. (17) (OBG)
Frank, Herbert 919 E. Jefferson Blvd. (22) (IM)
Frank, Lyall L., Jr. ...224 W. Navarre St. (01) (GP)
Frash, DeVon W., Jr. ...1910 Miami St. (13) (GP)
Friedman, Morris S.
919 E. Jefferson Blvd. (22) (ORS)
Friend, George 919 E. Jefferson Blvd. (22) (GS)
Fritz, Walter 626 N. Lafayette Blvd. (01) (FP)

G

Galup, Luis N. 531 N. Main St. (01) (PATH)
Ganser, Ralph V. 810 E. Colfax (17) (OTO)
Gates, George E. 211 N. Eddy (17) (IM)
Gergesha, Edward A. 211 N. Eddy St. (17) (PD)
Gibson, Milton E. 919 E. Jefferson Blvd. (22) (C)
Gilman, Marcus M. (S) ..1925 E. Jefferson Blvd. (17) (GP)
Godersky, George E. ..912 E. LaSalle Ave. (17) (OBG)
Godersky, Lois G. 912 E. LaSalle Ave. (17) (PATH)
Graf, John P. ...414 Sherland Bldg. (01) (ANES)
Green, G. Richard 601 J.M.S. Bldg. (01) (GS)
Green, George F. (S) ..822 Sherland Bldg. (01) (GS)
Green, Norval E. 704 N. Main St. (01) (U)
Grillo, Donald 214 Sherland Bldg. (01) (PR)
Grorud, Alton C. ...919 E. Jefferson Blvd. (22) (IM)

H

Haley, George M. 220 Sherland Bldg. (01) (U)
Haley, Paul E. (S) 301 Le Blvd. de la Pair #2901 (15) (OO)
Hall, James M. ..914 E. Jefferson Blvd. (17) (OPH)
Hamilton, Charles O. 6042 N. Michigan St. (01) (ANES)
Harding, John S. 919 E. Jefferson Blvd. (22) (R)
Harris, C. Glenn ...711 E. Colfax Ave. (17) (P)
Haugseth, Ellsworth K. ..820 N. Ironwood Dr. (17) (ORS)
Helmer, John F. ...2116 Amer. Nat'l. Bk. (01) (GS)
Heyde, Edward L. 110 W. Bartlett (01) (OPH)
Hilbert, John W. (S) ..61600 Brightwood Lane (14) (OO)
Hildebrand, John O., Jr. ..1307 E. Ewing Ave. (13) (GP)
Hill, Wallace C. 919 E. Jefferson Blvd. (22) (GS)
Holdeman, Lillian S. ...635 S. Main St. (23) (PH)
Holdeman, Richard W. ..404 N. Lafayette Blvd. (01) (IM)
Holloway, Richard J. 211 N. Eddy (17) (U)
Holtzman, Norman N. ..1621 Hoover Ave. (15) (IM)
Horvath, George A. ...211 N. Eddy (17) (PD)
Houser, D. Stanley ...719 N. Main St. (01) (OBG)
Houser, Keim T. ..719 N. Main St. (01) (OO)
Hyde, Carroll C. (S) 211 N. Eddy (17) (OO)

J-K

Jankowski, Ernest B. ..411 S. Sheridan Ave. (19) (GP)
Johns, Nicholas C. ...818 Sherland Bldg. (01) (GP)
Karn, John W. ...414 Sherland Bldg. (01) (ANES)
Keenan, Patrick J. 211 N. Eddy (17) (N)
Kim, Bum Joo ...425 N. St. Louis Blvd. (17) (OBG)
King, Robert P. 17615 State Rd. 23 (35) (FP)
Knode, Kenneth T. (S) ..729 Sherland Bldg. (01) (PD)
Krizman, David J. 53100 Placid Dr. (37) (ORS)
Krueger, John E. ..414 Sherland Bldg. (01) (ANES)
Kuhn, Frederick L. ..1215 S. Michigan St. (18) (GP)

L

Lamb, J. Leonard ..2212 American National Bank Bldg. (01) (OBG)
Lane, William H. ...604 N. Michigan St. (01) (ANES)
Leipold, Jon David ...120 W. La Salle St. (01) (P)
Levatin, Bernard I. ..919 E. Jefferson Blvd. (22) (U)
Lewallen, Steven I. 615 N. Michigan St. (01) (FP) (Resident)
Lionberger, John R. ..919 E. Jefferson Blvd. (22) (R)
Liss, Emanuel C. 119 S. Eddy St. (17) (D)
Lockhart, Philip B. ..919 E. Jefferson Blvd. (22) (R)

M

MacDonell, Eldred H. 211 N. Eddy (17) (IM)
MacLeod, John K. ..425 N. St. Louis Blvd. (17) (OBG)
McCraley, William J. ..218 S. Francis (37) (GP)
McFarland, Corley B. 211 N. Eddy (17) (OPH)
McMeel, James E. ..2604 S. Twyckenham Dr. (14) (GP)
Magnuson, Charles W. ...211 N. Eddy (17) (GE)
Marquis, Gordon 211 N. Eddy (17) (OTO)
Martin, Charles F. ..1438 Ridgedale Rd. (14) (IM)
Martinov, Wm. Edward ...919 E. Jefferson (22) (GS)
Mason, Bernard A. 211 N. Eddy (17) (IM)
Mauzy, Merritt C. ...216 Sherland Bldg. (01) (PS)
Metcalfe, Grant E. 919 E. Jefferson Blvd. (22) (P)
Mitchell, Gary A. 912 E. LaSalle St. (17) (Nephrology)
Mueller, Hilbert M. 211 N. Eddy (17) (D)

N-O

Napper, Karl F. ..604 N. Michigan St. (01) (ANES)
Neher, John L. ...17615 State Rd. 23 (35) (GP)
Nelson, F. Dale 1951 E. Fox (13) (GP)
Nelson, Raymond E. ..206 E. Bartlett St. (01) (GP)
Nelson, Robert 206 E. Bartlett St. (01) (GP)
Nichols, Harold G. 524 Sherland Bldg. (01) (P)
Odrcic, Kazimir 211 N. Eddy (17) (OPH)
Olson, Donald T. 919 E. Jefferson Blvd. (22) (IM)
Olson, Kenneth L. 919 E. Jefferson Blvd. (22) (R)
O'Malley, Patrick F. ..512 Sherland Bldg. (01) (OPH)

P

Pairitz, Frank D. 919 E. Jefferson Blvd. (22) (R)
Parsons, Robert 919 E. Jefferson Blvd. (22) (ORS)
Pascuziz, Chris A. ...531 N. Main St. (01) (PATH)
Pauszek, Thomas B. (S) 704 W. Washington St. (01) (OBG)
Petrass, Andrew (S) .22027 Liberty Highway (19) (GP)
Phelps, Stephen R. ...808 Sherland Bldg. (01) (D)
Plain, George B. 211 N. Eddy (17) (GS)
Plain, George Leroy 211 N. Eddy (17) (IM)
Proudfit, Charles H. 919 E. Jefferson Blvd. (22) (OBG)

R

Rasmussen, Ruth F. (S) 211 N. Eddy (17) (PATH)
Reineke, Jan R. 912 E. LaSalle (17) (OO)
Rice, Katherine K. ...919 E. Jefferson Blvd. (22) (P)
Richards, Dean ...3123 S. Michigan St. (14) (GP)
Roberts, Billy J. ..3123 Mishawaka Ave. (15) (GP)
Rosenheimer, George M. (S) 604 N. Michigan St. (01) (ANES)
Rubens, Eli (S) 2314 Miami (14) (PD)

S

Salazar, Luis B. St. Joseph's Hosp. (15) (GP)
Sanderson, Robt. B. (S) ..730 Sherland Bldg. (01) (CD)
Sandock, Louis F. ...503 Sherland Bldg. (01) (IM)
Sandoz, Harry H. (S) ..2500 Topsfield Rd. (14) (GP)
Saucelo, Bart M. ...1401 Lincoln Way W. (28) (GP)
Schiller, Herbert A. .919 E. Jefferson Blvd. (22) (OBG)
Scott, Frank M. 211 N. Eddy (17) (GS)
Sellers, Francis M. 814 Oak Ridge Dr. (17) (GP)
Sharp, Merle C. ...912 E. LaSalle Ave. (17) (OBG)
Shelley, Edward S. ...207 S. Taylor St. (25) (GP)
Shriber, William H. 211 N. Eddy (17) (OBG)
Shriner, Richard Lee ..919 E. Jefferson Blvd. (22) (P)
Sisson, Norvel D. 531 N. Main St. (01) (PATH)
Skillern, Scott D. 722 E. Colfax (17) (D)
Smith, Lee 1925 E. Jefferson Blvd. (17) (GP)
Sobol, Z. W. 328 N. Michigan (01) (ORS)
Speybroeck, Robert C. 1314 Kessler Pl. (16) (PD)
Staunton, Henry A. ..3016 Mishawaka Ave. (15) (GP)
Stimson, Harry 17649 Darden Rd. (35) (FP)
Stiver, Daniel D. ...428 Sherland Bldg. (01) (GS)
Stogdill, William J. ..520 N. Coquillard Dr. (17) (GP)
Stoller, Harry J. 60466 U.S. 31, South (14) (FP)
Stratigos, Joseph S. ..527 N. Lafayette Blvd. (01) (GP)
Sweeney, Robert M. ..115 N. Sunnyside Ave. (17) (PD)
Sylbert, Philip 546 N. Coquillard Dr. (17) (IM)

T

Tapley, Dwight L. 61047 U.S. 31 South (14) (GP)
Thompson, John M. ..209 Sherland Bldg. (01) (OPH)
Thompson, Robert A. ...913 S. Twyckenham Dr. (15) (GP)
Thornton, Maurice J. (S) ..125 W. Marion St. (01) (R)
Tirman, Wallace S. ...919 E. Jefferson Blvd. (22) (R)
Troeger, Thomas A. 211 N. Eddy (17) (IM)
Troyer, Marlin L. ..328 N. Michigan St. (01) (ORS)
Tutunji, Nermin D. ..919 E. Jefferson Blvd. (22) (TS)

U-V-W-X-Y-Z

Urruti, Arnoldo H. ...420 J.M.S. Building (01) (P)
VanFleit, William E. ..919 E. Jefferson Blvd. (22) (TS)
Wack, James E. ...530 W. Indiana Ave. (13) (GP)
Walerko, Frank 919 E. Jefferson Blvd. (22) (U)
Walker, Edwin M., Jr. ..501 N. Ironwood Dr. (15) (ANES)
Ward, James W. 325 Wakewa (17) (OO)
Wehlage, David F. 120 W. LaSalle (01) (P)
White, Donald G. ...1815 Ireland Rd. (14) (GP)
Wilhelm, Agatha M. ..1032 E. Wayne at Eddy (17) (IM)
Wilson, James M. ...919 E. Jefferson Blvd. (22) (GS)
Wind, Joseph L. 919 E. Jefferson Blvd. (22) (R)
Zeiger, Irvin L. ...3123 Mishawaka Ave. (15) (GP)

Luzadder, John E. Jr. ...2113 Lake Shore Dr., Michigan City 46360 (OO)
Hartsough, Ralph I. ...24078 Stanton Rd., North Liberty 46552 (GP)
Naval, Joventino 408 N. Main St., North Liberty 46554 (GP)
Fenstermacher, Robert E. 506 Michigan St., Walkerton 46574 (GP)
Rohrer, Bryce B. 506 Michigan St., Walkerton 46574 (GP)
Cline, Kenneth L. ...Box 57 Wyatt 46595 (GP)

OUT OF STATE

Bassler, Carl R. (S) R.R. 4 Niles, Mich. 49120 (OO)
Fish, Clyde M. (S) R.R. 2, Edwardsburg, Mich. 49112 (OO)
Hawkins, Glen E. Lee Co. Hosp., Sanford, N.C. 27330 (ANES)
Hillman, Marion W. (S) 1728 Little Point Circle, Sarasota, Fla. 33581 (GP)
Myers, Philip R. ..R.R. 3, Box 182, Edwardsburg, Mich. 49112 (GP)
Pyle, Harold D. ..14432 Arrowhead Court, Sun City, Ariz. 85351 (OO)
Rea, Thomas J. ..Edwardsburg, Mich. 49112 (GP)
Warrick, Homer L. (S) ...Edwardsburg, Mich. 49112 (OO)
Wixted, John F. (S) Prairie Club Camp, Harbert, Mich. 49115 (OPH)

SCOTT COUNTY

Roberto, Benjamin V.
378 W. Main St., Austin 47102 (GP)

SCOTTSBURG
(*Zip Code* 47170)

Bacala, Jesus 69 Wardell St. (GP)
Castro, Ignacio B., Jr. 685 Wanda St. (GS)
Dancel, Manuel T. 675 N. Gardner (GP)
Kho, Eusebio 137 E. McClain St. (GS)
McClain, Marvin L. 935 First St. (GP)
Scott, William M. 16½ N. Main St. (OO)
Trinidad, Amado ..Scott County Mem. Hosp. (ANES)

SHELBY COUNTY

Tate, Thomas D. ..3610 Brooklyn Ave., Fort Wayne 46809 (FP)
Davis, John A. Flat Rock 47234 (GP)
Jean, Thomas A. Morristown 46161 (GP)

SHELBYVILLE
(*Zip Code* 46176)

Abelada, Lamberto V. ..103 W. Washington St. (IM)
Arata, Lucian A. 428 W. Hendricks St. (GP)
Banguis, Eliseo T. 103 W. Washington St. (GS)
Banguis, Lucia P. 103 W. Washington St. (GP)
Dalton, Wilson L. ..Ten Northridge Park, Box 70 (GP)
Deupree, William D. 23 W. Hendricks St. (PD)
Green, William L. 408 Methodist Bldg. (GS)
Inlow, Paul M. 103 W. Washington St. (R)
Inlow, Robert P. 103 W. Washington St. (GS)
Inlow, William D. (S) ...1110 Spring Hill Rd. (GS)
Lorber, James M. 120 W. Jackson, #4 (GS)

Miller, Richard C. 17 W. Mechanic St. (GP)
Moheban, Joseph 120 W. Jackson St. (GP)
Scott, V. Brown R.R. 2, Box 11 (IM)
Silbert, David B. 17 S. Tompkins (GP)
Spindler, Robert D. 165 W. Mechanic St. (OTO)
Tindall, William R. 505 S. Harrison St. (GP)
Tower, James H., Jr. ..Ten Northridge Park, Box 70 (GP)
Whitcomb, Roger F. 120 W. Jackson St. (GP)

SPENCER COUNTY

Barrow, John H. Dale, Ind. 47523 (GP)
Jolly, Wesley P. (S) Richland 47634 (GP)
Glackman, John C., Jr. Rockport 47635 (GP)
Monar, Michael 6th and Main Sts., Rockport 47635 (GP)

STARKE COUNTY

Leinbach, Earl R. Hamlet 46532 (GP)
Ufkes, Herbert C. (D.O.) ..North Judson 46366 (GP)

KNOX
(*Zip Code* 46534)

DeNaut, James F. 4 N. Heaton St. (GP)
Goode, Robert 201 S. Heaton St. (GS)
Henry, Howard J. 107 S. Main St. (GP)
Ingwell, Guy B. (S) 201 S. Heaton St. (GP)
Matthew, John R. 317 Carlson Dr. (GP)
Palmer, W. Allen 107 S. Main St. (GP)

STEUBEN COUNTY

ANGOLA
(*Zip Code* 46703)

Barton, Robert 416 E. Maumee (GP)
Cameron, Don F. (S) 416 E. Maumee (GS)
Davis, Claude E. 1109 W. Maumee (GS)
Hartman, John J. 909 W. Maumee (GS)
Jackson, Dean B. Cameron Mem. Hosp. (GP)
Kissinger, Knight L. 411 E. Gilmore (GP)
Mason, Donald G. 112 S. Wayne St. (GP)
Rausch, Norman W. 416 E. Maumee (GP)
Richard, Norman F. 416 E. Maumee (GS)
Weaver, Wyatt R. 301 E. Maumee (OO)

Schrepferman, Wayne Hamilton 46742 (GP)
Mattox, Dean L. Box 210, LaGrange 46761 (GP)
Yocum, Paul S., Sr. (S) 4826 Alhambra Circle, Coral Gables, Fla. 33146 (OO)

SULLIVAN COUNTY

Brown, John S. (S) Carlisle 47838 (GP)
Dukes, Betty J. Dugger 47848 (GP)
Dukes, Joe Dugger 47848 (GP)
Bethea, Robert O. Farmersburg 47850 (GP)

SULLIVAN
(*Zip Code* 47882)

Bedwell, Marion H. (S) 16 N. Court St. (GP)
Crowder, James H. (S) 112 N. Section St. (GS)
Eskew, Kenneth W. 117 W. Washington St. (GP)
McClure, Glen E. 777 N. Wolfenberger (GS)
Sarkar, Anil K., ...Mary Sherman Hosp. (PATH)
Scott, Irvin H. 117 W. Washington St. (GS)

Dukes, Michael J.
1925 N. Senate #30, Indianapolis 46202 (Resident)

Daugherty, William L. Hutsonville, Ill. 62433 (GP)
Taylor, John R. 105 N. Main, Palestine, Ill. 62451 (GP)
Dukes, Russell J.
934D, Hamstead Village Lane, Rochester, Minn. 55901 (Resident)

SWITZERLAND COUNTY
(See Jefferson-Switzerland)

TIPPECANOE COUNTY

Russell, Henry T.
R.R. 1, Battleground 47920 (PATH)
Derhammer, George L. (S) Brookston 47923 (GP)
Coyner, Alfred B. (S) R.R. 1, Clarks Hill 47930 (GP)
Gish, Howard M. R.R. 2, Delphi 46923 (GP)
Dublin, Madeline P. Francesville 47946 (GP)
Ault, Carl H. ..3015 Dellwood Dr., Kokomo 46901 (GP)

LAFAYETTE
(*Zip Code* 47904 *unless otherwise indicated.*)

Ade, Charles H. 2211 South St. (OTO)
Ade, Mary Keller 2211 South St. (OBG)
Aldrich, David D. 2500 South St. (02) (PATH)
Alexander, Alan A. 2600 Greenbush St. (PD)
Alstott, David F. 2400 South St. (PATH)
Arvin, Delano Z. 2600 Greenbush St. (R)
Auckley, James L. 2600 Greenbush St. (IM)
Balkeman, Catherine M. 3 N. 18th St. (GP)
Bayley, William E. (S) ..303 S. Ninth St. (01) (OO)
Beuerman, V. A. 2600 Greenbush St. (OPH)
Bolin, Robert C. 2600 Greenbush St. (IM)
Bond, L. G. 2600 Greenbush St. (D)
Bosley, Roger E. 2400 Ferry St. (OO)
Brennan, Thomas F. 2600 Greenbush St. (OTO)
Bridge, Barton C. ...Jefferson Square (05) (GP)
Bullard, Harlan R. 2600 Greenbush St. (OPH)
Burns, John T. 5 N. 25th St. (PD)
Bush, Jack A. 405 Life Bldg. (01) (ANES)
Calvert, Raymond R. (S) 314 N. Sixth St. (01) (OTO)
Carpenter, James B. 49 N. 26th St. (GP)
Cartwright, Glen W. 2600 Greenbush St. (PD)
Conway, Lewis 2600 Greenbush St. (OO)
Crouse, Ben E. 2500 Ferry St. (GP)
Davis, Grayson B. 2500 Ferry St. (GP)
Davis, Howard B. 2600 Greenbush St. (U)
Deur, Julius J. 1011 Columbia (IM)
Donahue, George R. (S) ...300 Main St. (01) (GS)
DuBois, Ramon B. 324 N. 25th St. (GP)
Eaton, Marion J. (S) 214 Life Bldg. (01) (U)
Elliott, Paul W. St. Elizabeth Hosp. (PATH)
Engeler, James E. 2600 Greenbush St. (D)
Evans, David L. 2424 Ferry St. (P)
Ferguson, William B. 2525 South St. (ORS)

Fields, Don C. 2600 Greenbush St. (GS)
Filmer, Eleanor 1501 Hartford (GP)
Foster, John A. ...St. Elizabeth Hospital (PATH)
Frey, Harley H., Jr. ..405 Life Bldg. (01) (ANES)
Fritch, John M. 710 S. 21st St. (05) (OPH)
Gery, Richard E. 2600 Greenbush St. (GS)
Gossard, John M. 2525 South St. (ORS)
Greider, Lester S. 2400 South St. (01) (GP)
Gripe, Richard P. 2600 Greenbush St. (IM)
Gutwein, Gilbert 2525 South St. (ORS)
Haas, Charles F. 2500 Ferry St. (D)
Hannemann, Robert E. 2600 Greenbush St. (PD)
Harter, Eli B. 918 King St. (05) (R)
Harvey, Bennett B. 2500 Ferry St. (PATH)
Hebard, Harold G. Jr. 2424 Ferry St. (GP)
Heid, George J., Jr. 2500 Ferry St. (PATH)
Horswell, Richard R. 2600 Greenbush St. (IM)
Horvath, John L., Jr. 2600 Greenbush St. (R)
Hughes, Anson F. 2400 Ferry St. (OBG)
Hughes, Richard R. 1000 N. 14th St. (GS)
Hull, James E. St. Elizabeth Hosp. (GS)
Hunsberger, Walter G. ...2600 Greenbush St. (R)
Johnson, Herbert S. 2600 Greenbush St. (GS)
Karberg, Richard J. 2400 Ferry St. (OBG)
Kelley, Jack L. 2600 Greenbush St. (GS)
Keplinger, James E. 1501 Hartford St. (NS)
Klatch, Ben Z. 1501 Hartford St. (IM)
Klepinger, Harry E. (S) ..725 Life Bldg. (01) (GP)
Knote, John A. 2600 Greenbush St. (R)
Kohne, Robert W. 3010 Underwood (GP)
Kuipers, Fred M. 2600 Greenbush St. (IM)
Landis, Chas. B. 505-7th St. (OPH)
Lempke, Lloyd W. 1501 Hartford St. #1 (ORS)
Lind, Jaap J. 2600 Greenbush St. (ORS)
Loop, Frederick A. 2315 South St. (GS)
McAdams, Robert ..2011 Kossuth St. (05) (GP)
McEwen, David A. 2600 Greenbush St. (R)
McFadden, James M. 2500 Ferry St. (PATH)
McKinley, Joseph 2600 Greenbush St. (U)
McPherson, Richard C. ...2600 Greenbush St. (GS)
Marsh, George W. 1216 Howell (GP)
Marvel, Howard R. 2600 Greenbush St. (IM)
Mather, Charles R. 2600 Greenbush St. (OBG)
Mather, Robert L.
805 Purdue Nat'l. Bank Bldg. (01) (OPH)
Mathews, Frank 1501 Hartford St. (N)
Mentzer, William G. 2400 Ferry St. (OBG)
Miller, Albert J. 2500 Ferry St. (PATH)
Miller, Roland E. 2200 Scott St. (PD)
Miller, William J. 2600 Greenbush St. (R)
Mohrs, Paul E. 405 Life Bldg. (01) (ANES)
Mount, William M. 20 N. 24th St. (IM)
Neumann, Kenneth O. 300 Main St., Room 618 (01) (GP)
Onorato, Joseph J. 2433 S. Ninth St. (05) (IM)
Patton, Charles 405 Life Bldg. (01) (ANES)
Peyton, Frank W. 2400 Ferry St. (OBG)
Peyton, Richard R. 2400 Ferry St. (OBG)
Pfrommer, J. R. 2600 Greenbush St. (GPM)
Pickerill, James M. 712 Purdue Nat'l Bank Bldg. (01) (GP)
Poulos, James T. 2600 Greenbush St. (IM)
Rahdert, Richard 2600 Greenbush St. (CHP)
Ralston, Marc A. 2600 Greenbush St. (OPH)
Ramsey, George F. 2600 Greenbush St. (IM)
Ratcliff, Frank W. 405 Life Bldg. (01) (ANES)
Remo, John W. 2600 Greenbush St. (R)
Riggs, Wendell A. 2600 Greenbush St. (PD)
Robinson, Frederick C. 2600 Greenbush St. (N)
Rothrock, Philip W. 2200 Scott St. (IM)
Ruschli, Edward B. (S) 604 Kossuth (GS)
Rutherford, Charles E. 2315 South St. (GS)
Scanlon, John C. 2600 Greenbush St. (IM)
Scheeres, Jacob W. 2315 South St. (05) (GS)
Sherman, David E. 2400 Ferry St. (OBG)
Shively, John L. 2525 South St. (ORS)
Sholty, William M. ..R.R. 8, Box 89 (05) (ANES)
Smith, Lowell C. 637 Ferry St. (01) (GP)
Stahl, Edward T. 2600 Greenbush St. (ORS)
Steele, Hugh H. 2600 Greenbush St. (GE)
Strayer, Joseph W. (S) R.R. 6 (05) (OO)
Stuntz, Edgar C. 2500 Ferry St., #200 (P)
Trout, Carl J. (S) 314 N. Sixth St. (01) (OTO)
Trout, David J. 2 N. 26th St. (01) (OTO)
Underwood, George M. ..Jefferson Square (05) (GP)
Van Buskirk, Edmund L. ..2600 Greenbush St. (OPH)
Van Den Bosch, Wallace R. 33 N. 22nd St. (P)
Vermilya, Robert W. ..579 S. 675 East (01) (ANES)
Wagner, Anabel ...405 Life Bldg. (01) (ANES)
Wagner, Lindley 2424 Ferry St. (IM)
Wagoner, J. Edward 2525 South St. (ORS)
Waits, Chester L. 49 N. 26th St. (GP)
Webster, Paul L. 2600 Greenbush St. (R)
Weida, Jerry W. 712 Purdue Nat'l Bank Bldg (01) (GP)
Weller, Wendell A. 2600 Greenbush St. (OTO)
Wong, Norman F. 2500 Ferry St. (GP)

Carrel, Francis E. R.R. 1, Monticello 47960 (GP)
Babb, Forrest J. Stockwell 47983 (GP)

WEST LAFAYETTE
(*Zip Code* 47906)

Baker, John R. 2321 Carmel Dr. (ANES)
Beck, David C. 402 Northwestern (D)
Brady, Kingdon 612 Terry Lane (PATH)
Carpenter, Robert S. 492 Littleton (GP)
Carroll, Bertha Rose (S) 1125 Glenway (OO)
Cole, Ira (S) 1535 Summit Dr. (OO)
Harden, Murray E. 401 Sharon Rd. (OO)
Hass, Caroline E. 316 N. Salisbury St. (GP)
Hass, Thomas W. 316 N. Salisbury St. (OBG)
Hunter, Dean M. 316 N. Salisbury St. (OBG)
Jones, David M. Purdue Health Center (PD)
McAdams, Hugh B. Purdue Health Center (GP)
Radcliffe, Lee E. 500 Sagamore Pkwy. N. #3a (P)
Roggenkamp, Milton W. 144 Arrowhead Dr. (PATH)
Rommel, Clarence H. (S) ...456 Northwestern (GS)
Schmiedicke, Paul H. (S) Purdue Health Center (IM)
Spurlock, Fae H. Purdue Health Center (P)
Van Kirk, John R. 2496 Sycamore Lane (GP)
Yegerlehner, Roscoe S. 118 Juniper Ct. (GP)

Flack, Russell A. (S) 432 S. Curson Ave., East Los Angeles, Calif. 90036 (OO)

TIPTON COUNTY

Haller, Robert L. Kempton 46049 (GP)
Stouder, Albert E. Kempton 46049 (GP)

TIPTON
(*Zip Code* 46072)

Bennett, Benjamin D. 202 S. West St. (GP)
Burkhardt, Boyd A. 202 S. West St. (GS)
Carter, Jean V. (S) 130 N. Main St. (GP)
Compton, George L. 219 N. Independence (GP)
Gossard, Meredith B. ...308 N. Independence (GP)
Kincaid, Raymond K. 202 S. West St. (GP)
Kurtz, William A. 202 S. West St. (GP)
Lambert, Destry W. 219 N. Independence (GP)

Ericson, Harold L. Windfall 46076 (GP)

Tranter, William F. 2337 Flora Ave., Ft. Myers, Fla. 33901 (OO)

UNION COUNTY
(See Wayne-Union)

VANDERBURGH COUNTY

EVANSVILLE
(*Zip Code* 477 *plus zone number.*)

A

Adye, Wallace M., Jr. ..1307 Stringtown Rd. (11) (GP)
Akin, Ali N. 420 Cherry St. (15) (IM)
Akin, Emel B. 400 Tyler Ave. (15) (GP)
Alexander, John E. ..2895 Washington Ave. (14) (OPH)
Allen, William H. ...611 Harriet St. (10) (NS)
Anderson, Milton H. 3700 Bellemeade (15) (P)
Antes, Earl H. 420 Cherry St. (13) (IM)
Arendell, Robert E. ..6702 Darmstadt Rd. (10) (GP)
Arroyo, Sylvia St. Mary's Hosp. (15) (ANES)
Austin, Eugene W. 3700 Bellemeade (15) (PD)

B

Baird, Glenn D. 600 Mary St. (47) (IM)
Baisas, Wilfrido C. 5100 Lincoln Ave. (15) (GP)
Baker, Herman M. (S) 600 Cullen Ave. (15) (IM)
Baker, Mason R. 1008 S. Evans Ave. (13) (GP)
Baker, Sam B. 600 Mary St. (47) (R)
Barnhart, Willard T. 611 Harriet St. (10) (U)
Beck, Robert E. 611 Harriet St. (10) (R)
Becker, Jerry D. 715 First Ave. (10) (IM)
Begley, Joseph W., Jr. ..314 S.E. Riverside Dr. (13) (OTO)
Beisel, Larry H. 420 Cherry St. (13) (PD)
Bender, Martin J. 3700 Bellemeade (15) (U)
Bennett, Abner P. ..412 S.E. Fourth St. (13) (PATH)
Berker, Beddi S. Box 53 (01) (ANES)
Berry, George F. 6609 E. Chestnut (15) (OO)
Bissonnette, Roger P. 420 Cherry St. (13) (IM)
Bizal, John A. R.R. 7, Box 77 (10) (OTO)
Bloss, Bryant A. 715 First Ave. (10) (ORS)
Boone, Robert D. 420 Cherry St. (13) (GS)
Boswell, Robert W. C. ...2351 Division St. (14) (GP)
Boyle, Carroll L. 715 First Ave. (10) (GP)
Brakel, Frank J., Jr. 420 Cherry St. (13) (IM)
Braun, Stephen E. 2301 W. Michigan St. (12) (FP)
Britt, Robert L. 420 Cherry St. (13) (PD)
Brockmole, Arnold W. ..127 Civic Center (08) (PH)
Brown, Raymond Lee, Jr. ..420 Cherry St. (13) (ANES)
Brown, Robert L. 419 Edgar St. (10) (A)
Brundick, Edward L. ...611 Harriet St. (10) (ORS)
Bryan, Stanton L. 607 Hulman Bldg. (08) (IM)
Buehner, Donald C. ...3700 Bellemeade Ave. (15) (FP)
Buehner, Donald F. 3700 Bellemeade (15) (GP)
Burger, Thomas C. 3700 Bellemeade (15) (GS)
Burnikel, Ray H. ...2709 Washington Ave. (14) (PR)

C

Cabrera, Juan C. 415 Mulberry St. (13) (CHP)
Carlson, Ralph F. 611 Harriet St. (10) (TS)
Cato, Allen E. R.R. 4, Lischer Rd. (12) (PD)
Challman, William B. 715 First Ave. (10) (GP)
Chen, Tzeng Chin 420 Cherry St. (13) (N)
Clark, Thomas W. 420 Cherry St. (13) (IM)
Clouse, Paul A. 613 S. Weinbach Ave. (14) (IM)
Cobb, Donald P. 326 S.E. Seventh St. (13) (OBG)
Coleman, Joseph E. ...3700 Bellemeade (15) (PD)
Combs, Herman T. 807 W. Indiana (10) (GP)
Combs, John H. (S) ..412 S.E. Fourth St. (13) (ANES)
Cook, Thomas Box 5366 (15) (R)
Cooper, Waller W. ...Box 887 (01) (ANES)
Corcoran, Patrick J.V. P.O. Box 3287 (01) (IM)
Cox, J. Bruce 420 Cherry St. (13) (OBG)
Cox, Larry 3700 Bellemeade Ave. (15) (GP)
Crawford, James H. 611 Harriet (10) (GP)
Crudden, Charles H. ..Clearview Sanitarium (10) (P)
Cullnane, Chris W. ..2312 W. Franklin St. (12) (GP)

D

Davidson, Harold H. 420 Cherry St. (13) (OBG)
Davis, Kenneth D. 420 Cherry St. (13) (ORS)
Denzer, Edward K. 101 S.E. Third St. (08) (GS)
Denzer, William O. ...2329 Chandler Ave. (16) (GP)
Diamond, Jack L. ..4505 Bellemeade Ave. (15) (ADM)
Dieckman, Herbert S. 3700 Bellemeade (15) (A)
Dodd, Roberts K. 2042 Lincoln Ave. (14) (GS)
Downer, Luther H. 615 Oak Street (13) (GP)
Drake, Dale W. ...St. Mary's Hospital (10) (ANES)
Durkee, Melvin S. 3700 Bellemeade (15) (GS)
Dycus, Walter A. ...319 N. St. Joseph Ave. (12) (GP)
Dyer, Wallace K. 3700 Bellemeade (15) (OTO)

E

Engel, Edgar L. ..326 S.E. Seventh St. (13) (OBG)

Evans, Thomas O. ...611 Harriet St. (10) (OO)

F

Faw, Melvin L. 420 Cherry St. (13) (IM)
Fenneman, Robert J. ..402 S.E. Seventh St. (13) (OPH)
Ferguson, Stephen C. ..314 Riverside Dr. (13) (OTO)
Follis, C. Gene 701 S. St. James Blvd. (14) (TR)
Franco, James M. 611 Harriet St. (10) (NS)

G

Garland, Edgar A. 606 S. Weinbach (14) (GS)
Gaul, L. Edward 509 Hulman Bldg. (08) (D)
Gelinas, Allen R. 420 Cherry St. (13) (ORS)
Geller, Samuel R.R. 8, Box 143A (11) (GP)
Getty, William H. 420 Cherry St. (13) (IM)
Giorgio, Douglas J. ..916 S. Burkhardt Rd. (15) (ANES)
Godwin, Donald W. ..3700 Bellemeade Ave. (PATH)
Gourieux, E. De Verre ..3700 Bellemeade Ave. (15) (GP)
Griep, Arthur H. ...5414 Madison Ave. (15) (IM)
Gries, Richard L. 3700 Washington Ave. (50) (FP)
Grimm, William C. H., Jr. ..420 Cherry St. (13) (IM)
Guckien, Joseph L. 611 Harriet St. (10) (OTO)

H

Hammond, R. Case 611 Harriet St. (10) (U)
Hare, Daniel M. 611 Harriet St. (10) (U)
Hargett, Isaac R. 420 Cherry St. (13) (PD)
Harmon, Thomas ..R.R. 8, Browning Rd. (11) (OO)
Harned, Ben K., Jr. 420 Cherry St. (13) (GS)
Harris, Robert L. 2014 E. Morgan (11) (GP)
Harris, William D. 1251 Shiloh Sq. (15) (OO)
Hartley, Clarence A., Jr. ..221 Chestnut St. (13) (GP)
Hartz, F. Minton 7321 Taylor (15) (OM)
Hassel, Walter B. 3712 Herndon Dr. (11) (OBG)
Healy, Cornelius E. 420 Cherry St. (13) (PD)
Heimburger, Irvin L. ...611 Harriet St. (10) (GS)
Heinrich, Weston A. ...314 S.E. Riverside Dr. (13) (GS)
Hendershot, Eugene L. ..412 S.E. Fourth St. (13) (R)
Hermayer, Stephen ..220 S.E. Seventh St. (13) (OPH)
Hermann, Harold W. Mead Johnson & Co. (21) (SR)
Herrell, Michael A. ..3700 Washington Ave. (50) (PATH)
Herrmann, Gordon T. ...3700 Bellemeade (15) (IM)
Herzer, Clarence C. (S) ...322 N. Fulton (10) (GP)
Heumann, John E. 611 Harriet St. (10) (ORS)
Higgins, James L. ...524 Martins Lane (15) (GP)
Himebaugh, Gilbert J. ...115 N. Weinbach (11) (GS)
Hitchcock, Philip D. 900 Royal Ave. (15) (GP)
Hobbs, Arthur A. (S) ..715 First Ave., Suite 28 (10) (R)
Hobgood, James L., Jr. ..7527 Taylor Circle (15) (ANES)
Hood, Tony E. 600 Mary St. (47) (ANES)
Hoopes, Jane M. R.R. 8, Box 95 (11 (PD)
Hoover, J. Guy 611 Harriet St. (10) (GS)
Hovda, Richard B. Box 5366 (15) (R)
Huggins, Victor S. 611 Harriet St. (10) (OBG)

J

Johnson, Stephen L. ..611 Harriet St. #202 (10) (IM)
Johnson, Victor 2301 W. Michigan St. (12) (GP)

K

Kandul, Thomas S., Jr. ..3700 Washington Ave. (50) (PATH)
Kauffman, Harley M. (S) .5607 Newburgh Rd. (08) (P)
Kelly, John B. 420 Cherry St. (13) (U)
Kessler, Robert B. ..611 Harriet St. #305 (10) (GP)
Kiechle, Frederick L. ..1018 Parrett St. (13) (PATH)
Kimmel, George E. 600 Mary St. (47) (ANES)
Kincaid, Robert S. ...7117 E. Cherry St. (15) (ANES)
Kleindorfer, Roscoe L. (S) ..3214 E. Chandler (15) (GS)
Krueger, Thomas P. 611 Harriet St., #301 (10) (NS)

L

Laubscher, Clarence ..1201 Laubscher Rd. (10) (GP)
Lawler, John F. 420 Cherry St. (13) (GS)
Lawrence, Joseph C. 715 First Ave. (10) (ORS)
Lehmann, Dale E., Jr. ..8830 Whetstone Rd. (11) (IM)
Leibundguth, Henry Box 5166 (15) (ORS)
Lessure, Alfred P. 420 Cherry St. (13) (R)
Linge, Carl H. 412 S.E. Fourth St. (13) (R)
Littell, Andrew H. .106 Buckingham Dr. (15) (PATH)
Longstaff, John P. 415 Mulberry (13) (P)
Lynch, Harold D. (S) ...3 Woodmere Lane (11) (PD)

M

McCool, Joseph H. 1 Woodmere Lane (11) (P)
McCoy, Melvin H. 2 Woodmere Lane (11) (GP)
McDonald, Joseph D. 517 Sycamore St. (08) (GS)
McElroy, Robert J. ..715 First Ave. #34 (10) (GE)
Manning, George W. ...3700 Washington Ave. (50) (OO)
Marrese, R. Anthony 611 Harriet St. (10) (ORS)
Marvel, James A. 420 Cherry St. (13) (IM)
Mason, Everett E. 3700 Bellemeade (15) (GP)
Mathews, James R. ...901 S. Meadow Rd. (15) (R)
Miller, LaVerne B. 1421 N. Main St. (11) (GS)
Miller, Marshall S. 420 Cherry St. (13) (IM)
Miller, Milton J. 15 W. Franklin St. (10) (GP)
Mills, Fred E. Deaconess Hospital (10) (PATH)
Mino, Robert A. 903 Edgar St. (10) (GS)
Mitchell, John B. ...Mead Johnson & Co. (21) (PD)
Mok-Ying, Bung 420 Cherry St. (13) (ORS)
Mok, Lynn C. 8500 Whetstone Rd. (11) (ANES)
Moulton, Lillian G. (S) ...1 N. Barker (12) (CHP)
Mullican, William S. 715 First Ave. (10) (IM)
Murphy, Edward U. ..901 Hulman Bldg. (08) (OPH)

N

Newman, Kerry J. 420 Cherry St. (13) (IM)
Newnum, Raymond L. ..3700 Bellemeade (15) (IM)
Newsome, Cola K. 415 E. Mulberry (13) (GP)
Newton, Roger E.
Mead Johnson Research Center (21) (SR)
Nicholson, Raymond W. .3700 Bellemeade (15) (GP)

Niedermayer, Alfred J.
960 Washington Ave. (13) (GP)
Nonte, Leo R. 611 Harriet (10) (GS)
Noveroske, Richard J. ...3901 Lincoln Ave. (15) (R)

O

Oswald, Robert H. .326 S.E. Seventh St. (13) (OBG)
Owen, Hugh T. 1243 Shiloh Sq. (15) (D)

P

Pastor, Julius W.
3700 Washington Ave. (15) (ANES)
Pavlick, Theodore J. ..1001 Walnut St. (13) (OPH)
Pemberton, Jack J. 611 Harriet (10) (GP)
Penkava, Robert 611 Harriet (10) (R)
Pontaoe, A. G. 2116 Lincoln Ave. (14) (P)
Porro, Francis W. (S) ...909 S. Villa Dr. (14) (PATH)
Present, Julian D. 3700 Bellemeade (15) (GP)
Price, Shirley G. 420 Cherry St. (13) (GS)
Pugh, Willis L. 715 First Ave. (10) (ORS)
Pulcini, John D. 3700 Bellemeade (15) (PS)

R

Radcliff, Forrest F. P.O. Box 5166 (15) (ORS)
Ratcliffe, Albert W. ..201 S. Cullen Ave. (15) (PATH)
Reich, Clarence E. 1209 N. Fulton (10) (GP)
Rietman, H. Jerome
19 Chandler, off Riverside (13) (P)
Ritchie, William D. 555 Herndon Dr. (11) (GP)
Ritz, Albert S. 3700 Bellemeade (15) (GS)
Robertson, James A.
7209 E. Walnut St. (15) (PATH)
Roe, Taft W. 3700 Bellemeade (15) (OTO)
Rosenblatt, Bernard B. .502 Hulman Bldg. (08) (GP)
Royster, George M. (S) ..2301 E. Gum St. (14) (OTO)
Royster, Robert A. 3700 Bellemeade (15) (GS)
Rudolph, Kenneth J. ..3700 Bellemeade (15) (OPH)
Rule, Ned P. 611 Harriet St. #504 (10) (U)
Rusche, Herman F.
3700 Bellemeade Ave., #106 (15) (GE)
Rusche, Henry J. 313 W. Iowa (10) (GP)
Rusche, Thomas J. 1421 N. Main St. (11) (N)
Russell, Richard H. .St. Mary's Hospital (50) (ANES)

S

Salama, Fawzy E. 420 Cherry St. (13) (U)
Sartore, Gilbert A. .3700 Bellemeade Ave. (15) (FP)
Schen, Sanford E. 420 Cherry St. (13) (CD)
Schimmelphennig, Robert W.
1013 Parrett St. (13) (PD)
Schirmer, Robert H. .1118 W. Franklin St. (10) (GP)
Schneider, Charles P.
2912 W. Maryland St. (12) (GP)
Schriefer, Victor V. 2845 Ravenswood (14) (GP)
Schroeder, Henry R. 611 Harriet St. (10) (OBG)
Sheehan, E. Gregg 420 Cherry St. (13) (OBG)
Sherwood, Robert W. ..3980 Woodcastle Rd. (11) (PH)
Siegel, Lyle P. 7091 E. Cherry St. (15) (ANES)
Sims, Larry W. 521 Kirkwood Dr. (15) (GP)
Sinn, Charles M. 715 First Ave. (10) (IM)
Skaggs, Homer, Jr. ..R.R. 5, Fleener Road (11) (OO)
Slaughter, Howard C. ..1001 Walnut St. (13) (OPH)
Slaughter, John C., Jr. 3700 Bellemeade (15) (D)
Slaughter, Owen L. 3700 Bellemeade (15) (IM)
Smith, Gordon L. 19 Chandler Ave. (13) (P)
Smith, Roy M., Jr. ...1307 Stringtown Rd. (11) (GP)
Snively, William D., Jr. ..R.R. 1, Box 277 (12) (PD)
South, Terry A. R.R. 5, Box 287 (11) (OO)
Sowa, Elizabeth 1015 Hulman (08) (OPH)
Sowa, Ronald W. 715 First Ave., (10) (ORS)
Spain, W. Thomas
3700 Washington Ave. (13) (OBG)
Sprecher, Herman C. 5040 Bellemeade (15) (PR)
Springstun, Walter R. 854 Lodge Ave. (14) (PD)
Stallings, Hugh A. 3700 Bellemeade (15) (OBG)
Sterne, John H. Box 5166 (15) (ORS)
Stewart, L. Ray 611 Harriett (14) (R)
Stoller, Leon J. 420 Cherry St. (13) (IM)
Strueh, Paul E. 220 S.E. Seventh St. (13) (OTO)
Swan, Robert E. 420 Cherry St. (13) (D)

T

Talley, Terry W. ..611 Harriet St. #403 (10) (OPH)
Tisserand, John B., Jr. 3700 Bellemeade (15) (D)
Tuholski, James M.
Mead Johnson & Co. (21) (SR)
Tweedall, Daniel C. 715 First Ave. (10) (D)

U-V

Ulrey, Robert P. 130 E. Mill Rd. (11) (GP)
Underhill, Gary E. 420 Cherry St. (13) (PD)
Venables, Albert J.
611 Harriett St. #102 (10) (PATH)
Vincent, William A. 420 Cherry St. (13) (IM)
Visher, John W. (S)
510 E. Mt. Pleasant Rd. (11) (GP)
VonderHaar, Thomas E. ..715 First Ave. (10) (IM)

W

Waddell, J. Ronald ..611 Harriet St. #501 (10) (GS)
Walter, Paul A. F. III
Mead Johnson & Co. (21) (ADM)
Walter, Robert F. ..1514 S. Kentucky Ave. (14) (GP)
Weathers, William T.
2404 Pennsylvania St. (21) (PD)
Weber, Edgar H. (S) .123 S.E. Second St. (08) (OM)
Weber, Emil L. 611 Harriet St. (10) (NS)
Welborn, Mell B. 420 Cherry St. (13) (GS)
Welborn, Mell B., Jr. 420 Cherry St. (13) (GS)
White, Thomas R. ..431 Kings Valley Rd. (11) (CD)
Wilhelmus, Gilbert M.
1028 Washington Ave. (14) (GP)
Wilhelmus, Kenneth ...1100 Lincoln Ave. (14) (GP)
Williams, Jack O. 420 Cherry St. (13) (IM)
Willis, Charles F. ..1100 S. Bedford Ave. (13) (GP)
Willison, George W. 3700 Bellemeade (15) (IM)
Wilson, David 615 S. Willow Rd. (14) (ANES)
Wilson, John D. 3700 Bellemeade (15) (GP)
Wilson, Ralph 517 Mary St. (10) (GS)
Woodward, Ben E. 420 Cherry St. (13) (ORS)

X-Y-Z

Yim, Young S. 9933 Petersburg Rd. (11) (OO)
Young, C. Curtis, Jr.
326 S.E. Seventh St. (13) (OBG)
Zeier, Francis G. 420 Cherry St. (13) (ORS)
Ziss, Robert C. 216 S.E. Riverside (13) (IM)
Zunker, Heinz O. H.
1801 Mt. Auburn Rd. (12) (PATH)
Zwickel, Ralph E. 611 Harriet St. (10) (IM)

McCarthy, Joseph C. R.R. 2, Box 708, Newburgh 47630 (OO)
Nacino, Rineo M. R.R. 3, Box 53, Newburgh 47630 (ANES)
Woodall, Robert L. 1400 North St., Washington 47501 (PS)

Newman, Alvin E. (S) 2937 Coral Shores Dr., Ft. Lauderdale, Fla. 33306 (OO)
Acre, Robert R.
1321 Claranette Ct., Owensboro, Ky. 42301 (OO)
Floyd, William N. .Two Hawthorne Pl., Boston, Mass. 02114 (Resident)
Meyers, Mark E.
358 Chapel Dr., Fairborn, Ohio (Military) 45324 (FP)

VERMILLION COUNTY

(See Parke-Vermillion)

VIGO COUNTY

Loving, Jury B. New Goshen (47863) (GP)
McIntosh, Wilbert Riley (47871) (GP)
Jett, Clyde W. Seelyville (47878) (IM)
Feliciano, Adoracion D. Shelburn 47879 (ANES)

TERRE HAUTE

(*Zip Code* 478 *plus zone number*).

A

Anas, Pandeli 221 S. Sixth St. (07) (OO)
Anderson, Walter C. (S)
2235 Wabash Ave. (07) (GS)
Ault, Roy J. 3050 Poplar St. (03) (OBG)

B

Bannon, William G. 400 Eighth Ave. (04) (IM)
Bloxdorf, John W. P.O. Box 1468 (08) (PATH)
Blum, Leon L. P.O. Box 1468 (08) (PATH)
Boen, Bradley N. 620 Eighth St. (04) (P)
Bopp, Henry W., Jr. 221 S. Sixth St. (01) (GS)
Bopp, James Union Hospital (08) (ANES)
Boyd, H. Clark 221 S. Sixth St. (01) (OBG)
Bronson, Paul J. (S) ...58 Allendale Place (02) (OBG)
Brown, Robert R. 221 S. Sixth St. (01) (U)
Burkle, Robert J. 2929 S. First St. (02) (ORS)

C

CaJacob, Melville E. 1000 S. Sixth St. (07) (GP)
Caldwell, Milton V. 6151 Clinton Rd. (05) (R)
Carpenter, Donald J.
600 Sycamore Bldg. (07) (OPH)
Cavins, Alexander W. (S)
221 S. Sixth St. (01) (OBG)
Chau, Andrew Y. S. ..1645 N. Seventh St. (04) (GS)
Conklin, James O. 721 Wabash Ave. (07) (GS)
Connerley, Marion L. ..107 S. Seventh St. (01) (CD)
Conway, Thomas J. 221 S. Sixth St. (01) (PD)
Cristee, James W. 400 Eighth Ave. (04) (IM)
Crockett, Wayne A. 1024 S. Sixth St. (07) (IM)

D

Davis, Paul E. 1655 N. Seventh St. (04) (GP)
Dierdorf, Fred W. 103 S. 23rd St. (03) (ANES)
Drummy, William W. 2649 Oak St. (03) (IM)
Dyer, George W. 2235 Wabash Ave. (07) (GP)

E-F

Edwards, Henry G. 518 S. Seventh St. (07) (U)
El-Issa, Sa'D 3050 Poplar St. (03) (GS)
Enderle, Frank J. 1700 N. Seventh St. (07) (GS)
Feliciano, Marcario G. 916 South Fifth St. (07) (ANES)
Freed, John E. 1024 S. Sixth St. (07) (GS)

G

Gerrish, Donald A. (S) ..5206 Clinton Road (05) (GP)
Goodman, Hubert T. (S)
220 Gardendale Rd. (03) (GP)
Gossom, Donn R. 825 N. Third St. (07) (GS)

H

Haslem, Ezra A. (S) 4951 Dixie Bee Rd. (02)
Haslem, John R. 221 S. Sixth St. (01) (GS)
Hetherington, John A. 2929 S. First St. (02) (NS)
Hogan, Thomas W. 627 Cherry St. (01) (R)
Hoover, Dewey A. 1220 Wabash Ave. (01) (GP)
Htain, Min 221 S. Sixth St. (01) (R)
Humphrey, Paul E. 1235 Ohio Blvd. (07) (U)
Hunt, Edgar J. (S) R.R. 1 (02) (OO)

J

Johnson, Edward M. ...1630 Poplar St. (07) (OBG)
Johnson, Paul D., Jr. 822 N. 15th St. (07) (GS)

K

Kabel, Robert N. 3050 Poplar St. (03) (ORS)
Keffer, Harry L. Union Hospital (08) (ANES)
Krieble, William W. 221 S. Sixth St. (01) (IM)
Kunkler, Arnold W. ..1700 N. Seventh St. (04) (GS)
Kunkler, William C. (S)
212 Merchants Bank Bldg. (01) (GS)

L

Lai, Edward Ming-Chi
1505 N. Seventh St. (03) (OO)
Lancet, Robert O. 221 S. Sixth St. (01) (GP)
Lee, James 465 S. 25th St. (03) (PATH)
Lenyo, Ludimere 400 Eighth Ave. (04) (IM)
Lo, Loretta S. Y.
1645 North Seventh St. (04) (ANES)
Loewenstein, Werner L. 300 College (02) (GP)
Luther, Ross D. St. Anthony Hosp. (08) (GP)

M

McBride, Noel S.
407 Merchants Bank Bldg. (01) (OPH)
McCrea, Fred R. 221 S. Sixth St. (01) (R)
McEwen, James W. ...1024 S. Sixth St. (07) (OPH)
McGue, Frank J. 1024 S. Sixth St. (07) (GP)
McLaughlin, Gordon C. ..1644 S. 25th St. (03) (PD)
McNeil, Kenneth W. 903 S. 25th St. (03) (GP)
Malone, Leander A. (S) .416 Tribune Bldg. (01) (R)
Mankin, William J. .1655 N. Seventh St. (07) (OTO)
Manzanares, Austacio F.
2920 Ohio Blvd. (03) (ANES)
Mason, Lester M.
314 Merchants Bank Bldg. (01) (D)
Mattox, Don M. 1700 N. Seventh St. (04) (GS)
Mayrose, Richard 1645 N. Seventh (02) (OO)
Meissel, Robert L. 1655 North 7th St. (04) (GP)
Menke, Wilbur J. 3050 Poplar St. (01) (PM)
Miklozek, John E. 660 Idaho (02) (GP)
Mitre, Isaac N. 1024 S. Sixth St. (07) (OBG)
Moore, Gene D. 2700 S. 25th St. (02) (P)

N-O

Neudorff, Louis G. 221 S. Sixth St. (01) (IM)
Noroozi, Iradj 221 S. Sixth St. (01) (OBG)

Nuval, Augusto J. 7318 Prince Dr. (02) (ANES)

P

Pak, Yong S. 620 Eighth Ave. (04) (P)
Pangan, Jesus F. 221 Sixth St. (01) (IM)
Patel, Pulkit J. 7003 Williamsburg Lane (02) (U)
Pearce, Roy V. 1440 S. 25th St. (03) (PD)
Peterson, Deward D. 221 S. Sixth St. (01) (R)

R

Raney, Robert D. 2929 S. First St. (02) (IM)
Reed, Robert C. Union Hospital (08) (ANES)
Reynolds, Richard J. 650 Idaho (02) (IM)
Richart, James V. (S)
336 Hamilton Drive (03) (GP)
Riggs, Floyd C. (S) 137 S. 24th St. (03) (GP)
Rogers, R. Shirrell 1101 S. Sixth St. (02) (GP)
Rosene, Harold A., Jr. ..25 Woodridge Dr. (03) (ORS)
Rourke, Robert F. 631 S. 25th St. (02) (OBG)

S

Safayan, Esfandiar O. ..221 S. Sixth St. (01) (OTO)
Scherb, Burton E. ..1024 South Sixth St. (07) (OPH)
Schumaker, Robert A. 3050 Poplar St. (03) (GP)
Scully, William E. 221 S. Sixth St. (01) (PD)
Shanklin, Vernon A. (S) 15 Circle Dr. (03) (OO)
Showalter, John R. 1223 Maple Ave. (04) (GP)
Shriner, William C. 620 Eighth Ave. (04) (P)
Siebenmorgen, Paul 1024 S. Sixth St. (07) (GP)
Silverman, Norman M. .1142 S. Center St. (02) (GP)
Sison, Rose D. 1024 S. Sixth St. (07) (PD)
Sison, Vicente G. 2929 S. First (02) (ORS)
Speas, Robert C. 402 Tribune Bldg. (01) (OTO)
Stoelting, J. Lewis ..1724 N. Seventh St. (04) (OBG)
Strecker, William L. .88 Allendale Place (07) (ANES)

T-U-V

Topping, Malachi C. (S) ..3050 Poplar St. (03) (ORS)
Vance, William C.
Indiana State University (09) (CHP)
Veach, William L. 1235 Ohio St. (07) (U)
Voges, Edward C. 702 College Ave. (02) (GP)
Vosika, Edward J. 300 A, R.R. 51 (05) (GP)

W

Weber, Joseph G. S. 723 Wabash Ave. (01) (R)
Weinbaum, Jack G.
1505 N. Seventh St. (07) (PATH)
West, Roger F. 221 S. Sixth St. (01) (PD)
Wheeler, Byron C. 400 Eighth Ave. (04) (IM)
Wilson, Fred L. 1501 S. Third St. (02) (IM)
Win, Tun St. Anthony Hospital (08) (PATH)

X-Y-Z

Zimmer, Henry J. 3055 Poplar St. (03) (OM)

WABASH COUNTY

Poehler, Fred C. La Fontaine 46940 (GP)

NORTH MANCHESTER
(*Zip Code* 46962)

Bunker, Ladoska Z. (S) 201 N. Mill St. (GP)
Eiler, Paul A. 1104 N. Wayne St. (GP)
McFadden, Wilbur D. 1104 N. Wayne St. (GP)
Seward, George W. 111 E. Main St. (OTO)
Silvers, Michael 1104 N. Wayne St. (GP)
Smith, Lloyd H. 1104 N. Wayne St. (GP)

Mills, John F. R.R. 1, Roann 46974 (OTO)

WABASH
(*Zip Code* 46992)

Boaz, William D. 1025 Manchester Ave. (GP)
Dannacher, William D. 400 Ash St. (GS)
Dragoo, John R. Wabash Clinic (GP)
Dunham, Henry H. 1025 Manchester (R)
Ellis, David L. 400 Ash St. (ANES)
Elward, Carl J. 550 Hamlin St. (R)
Ferguson, Philip 1025 Manchester, R.#4 (GP)
Gatzimos, Christos D.
Wabash County Hospital (PATH)
Gifford, J. Dean ..Wabash County Hospital (PATH)
Hanneken, Vincent J. 119 Highland Dr. (GP)
LaSalle, Richard M. 645 N. Spring St. (GP)
LaSalle, Robert M., Sr. (S) R.R. #4 (GP)
Lyons, Charles R., Jr. 400 Ash St. (FP)
Mernitz, Roland B., Jr. 400 Ash St. (GS)
Pearson, William E. (S) 290 N. Wabash (GP)
Rauh, Robert A. 400 Ash St. (IM)
Steffen, Julius T. (S) 443 N. Wabash (GP)
Stoops, Jean T. 400 Ash St. (GP)

Zydlo, Stanley M. ..1620 Woodduck 2-B, Wheeling, Ill. 60090 (GP)

WARREN COUNTY

(See Fountain-Warren)

WARRICK COUNTY

BOONVILLE
(*Zip Code* 47601)

Hoover, Peter B. 223 W. Locust St. (GP)
Martin, Noel J. 214 S. Second St. (GP)
Ruiz, Carlos M. Box 127 (GP)
Terry, Robert H. 316 S. Third St. (GP)

Camacho, Ernesto M. Chandler 47610 (GP)
Colvin, Robert C. Newburgh 47630 (GP)

WASHINGTON COUNTY

Tower, Thomas K. Campbellsburg 47108 (GP)
Manship, C. Stanley Hardinsburg 47125 (GP)
Carty, Charles B. Pekin 47165 (GP)

SALEM
(*Zip Code* 47167)

Apple, Eddie R. Box 391 (GP)
Castueras, Flor T. Box 430 (GS)
Huckleberry, Irvin E. (S) 502 W. Mulberry (GP)
Martin, Donald L. 304 E. Market St. (FP)
Tadatada, Victor J. 103 E. Market St. (GP)

WAYNE-UNION COUNTIES

Hill, Paul G. (S) Cambridge City 47327 (GP)
Kenyon, C. Emil (S) Cambridge City 47327 (GP)
Barton, Willoughby M. (S) ...Centerville 47330 (GP)
Butler, Richard Brownsburg 46112 (GP) (Resident)
Hollenberg, Alfred E. Hagerstown 47346 (GP)
Leonard, Dale F. Hagerstown 47346 (GP)
Jaco, Artemio E. Liberty 47353 (GP)
McWilliams, William B. (S) Liberty 47353 (GP)

RICHMOND
(*Zip Code* 47374)

Adney, Frank B., Jr. 1015 South A St. (U)
Ake, Loren 213 Medical Arts Bldg. (GP)
Allen, Robert T. 34 S. Seventh St. (OPH)
Ballenger, William E. (S)
309 Medical Arts Bldg. (OTO)
Blossom, Paul W. (S) 825 South A St. (GP)
Browning, Charles A. 1350 Chester Blvd. (OO)
Cabigas, Jose S. 516 Nat'l Road West (GP)
Clarkson, Clarence G. 1350 Chester Blvd. (GP)
Clemente, Jose P. 4400 South B St. (GP)
Coble, Frank H. 51 S. Eighth St. (OPH)
Cooke, John V. Reid Memorial Hospital (OO)
Cox, Leon T. (S) 1210 E. Main St. (GP)
Daggy, James R. 47 South 24th St. (GP)
Darroca, Wm. C. Richmond State Hosp. (P)
Deanovic, Frank W. 1400 Chester Blvd. (D)
Deitsch, Howard 1020 N. J St. (FP)
Dingle, Paul E. 127 Medical Arts Bldg. (OBG)
Ebbinghouse, Tom 98 W. Main St. (GP)
Farmer, Charles R. 1020 N. J St. (IM)
Gibson, Alois E. 1250 Chester Blvd. (ORS)
Guthrie, James R. 100 N. 15th St. (IM)
Harmon, Carl J. 311 Medical Arts Bldg. (GP)
Heckaman, Edward L.
Richmond State Hospital (ADM)
Hibner, Dan W. 1020 N. J St. (GP)
Hinshaw, Michael A. 1250 Chester Blvd. (GS)
Jeans, Robert F. 1429 Chester Blvd. (P)
Johnson, George M. 1250 Chester Blvd. (GS)
Klepfer, Jefferson F. ...Richmond State Hospital (P)
Kreitl, Dorothy R. Richmond State Hospital (P)
Lee, Glen Ward 100 N. 15th St. (U)
Lewis, James R. 1250 Chester Blvd. (IM)
Ling, John F. 1250 Chester Blvd. (IM)
Logan, James Z. 1030 N. J St. (GS)
Loomis, Charles H. 1030 N. J St. (GS)
McIlroy, Richard J. 1000 W. Main St. (P)
Mader, John H. P.O. Box 788 (IM)
Miller, Harold L. 1250 Chester Blvd. (ORS)
Millis, Arthur B. 1250 Chester Blvd. (IM)
Paraiso, Antonio Q. ..313 Medical Arts Bldg. (OBG)
Park, Byron J. 1250 Chester Blvd. (ORS)
Plasterer, Edward D. 461 S. 28th St. (PD)
Porter, George S. 920 Whitewater Blvd. (OBG)
Ramsdell, Glen A. 1015 S. A Street (IM)
Rhoads, Paul S. 100 N. 15th St. (IM)
Rodriguez, Agustin R. P.O. Box 1117 (GP)
Rodriguez, Claveria P. .Reid Memorial Hospital (GP)
Runge, Paul W. 100 N. 15th St. (IM)
Sage, Charles V., Jr. 48 S. 11th St. (GP)
Sherer, Kenneth E. 1250 Chester Blvd. (GS)
Shields, Tom S. 47 S. 11th St. (OTO)
Shirazi, Enayat K. 2000 Main St., Suite E (OTO)
Short, John A. 4284 S. C Court (ANES)
Snyder, Morris C. 810 S. A St. (GP)
Spellmeyer, John C. ...Reid Memorial Hospital (R)
Stepleton, John D. ..Reid Memorial Hospital (PATH)
Stilwell, William R. 2607 South C Place (ANES)
Victor, Michael G. (D.O.)
Reid Memorial Hospital (GP)
Wambo, John M. 920 Whitewater Blvd. (OBG)
Warren, Robert J. 1434 Chester Blvd. (PD)
Warrick, Francis B. 100 N. 15th St. (IM)
Weitemier, Raymond A. 1434 Chester Blvd. (PD)
Wertenberger, Morris D.
Reid Memorial Hospital (R)
Wiland, Olin K. ...Reid Memorial Hospital (PATH)
Woodman, Kenneth S. 1250 Chester Blvd. (GS)
Zore, Joseph J. 1434 Chester Blvd. (PD)

Dehner, John R. 2601 N. Pantano Rd., Tucson, Arizona 85715 (R)
Mader, Jon John Sealy Hospital, Galveston, Texas 77550 (OO) (Resident)
Shepard, Fred F. (S) .College Corner, Ohio 45003 (GP)

WELLS COUNTY

BLUFFTON
(*Zip Code* 46714)

Bader, Patricia 303 S. Main St. (PD)
Bradley, Louis F. 303 S. Main St. (IM)
Buckner, Joy F. (S) 116 E. Walnut St. (OO)
Caylor, Charles H. 303 S. Main St. (U)
Caylor, Harold D. (S) 303 S. Main St. (GS)
Caylor, Truman E. (S) 303 S. Main St. (U)
Collins, Jack T. 303 S. Main St. (IM)
Cook, Robert G. 303 S. Main St. (OTO)
Dorrance, Thomas O. 303 S. Main St. (PD)
Eisaman, Jack L. 303 S. Main St. (IM)
Erxleben, Walter O. 303 S. Main St. (IM)
Gitlin, William A. 121 E. Market St. (GP)
Graf, Russell E. 1110 Highland Park Circle (R)
Johnston, Robert L. (S) ...811 S. Morgan St. (IM)
Kephart, S. Bruce 303 S. Main St. (OBG)
Lohmuller, Herbert W. 303 S. Main St. (IM)
Longacher, Joseph W. 303 S. Main St. (GE)
Luzietti, Richard G. 303 S. Main St. (IM)
McParland, Clifton E. 303 S. Main St. (OO)
Matzen, Richard N. 303 S. Main St. (IM)
Mayock, Peter P. 303 S. Main St. (IM)
Meier, Donald W. 303 S. Main St. (GS)
Merkle, George W. 303 S. Main St. (GP)
Mock, L. Farrell 303 S. Main St. (GS)
Mudrony-Szoke, Jeno B. 303 S. Main St. (R)
Nichols, Robert D. 303 S. Main St. (OBG)
Panos, Constantine G. 227 S. Main St. (GP)
Pietz, David G. 303 S. Main St. (IM)
Pitts, Neal C. 303 S. Main St. (IM)
Prough, Wendell A. 611 W. Market St. (OPH)
Purcell, Lawrence T. 303 S. Main St. (U)
Rumana, Robert 303 S. Main St. (IM)
Shaw, Glenn R. 303 S. Main St. (OBG)
Shinn, Gloria L. 303 S. Main St. (GS)
Shively, Kenneth 303 S. Main St. (OO)
Shroyer, Herbert L. 303 S. Main St. (GP)
Smith, H. Charles 303 S. Main St. (PD)
Stauffer, Dwight L. 303 S. Main St. (OO)
Steckbeck, Robert L. 303 S. Main St. (ANES)
Strehler, Don A. 303 S. Main St. (PD)
Talbert, Pierre C. 303 S. Main St. (GS)
Umphrey, James E. 303 S. Main St. (IM)
Waksman, Alberto 303 S. Main St. (PATH)
Yoder, Richard P. 303 S. Main St. (IM)

Stevens, Adam C. Kendallville 46755 (R)
Gingerick, Charles M. ..Liberty Center 46766 (GP)
Irick, Neil E. Markle 46770 (OO)
Kinzer, LeRoy D. Markle 46770 (GP)
Miller, Gerald L. Markle 46770 (GP)
Hardin, Wayne E. Ossian 46777 (GP)

Rudy, Donald B.
P.O. Mnene, via Belingwe, Rhodesia, S. Africa (GS)

WHITE COUNTY

MONTICELLO
(*Zip Code* 47960)

Bougher, Gerald R. 209 Condo St. (GP)
Dickerson, W. Martin 1114 O'Connor Blvd. (GP)
Fields, Max L. Western Heights (GP)
Hibner, Nolan A. 222 S. Main St. (GP)
Jehanyar, M. Ali P.O. Box 614 (GP)
McClure, Stanley E. (S) City Route 4 (GP)
Morris, Warren V. 115 W. Marion St. (GP)

Forbes, Violet M. C. Wolcott 47995 (GP)

WHITLEY COUNTY

Minick, Linus J. Churubusco 46723 (GP)

COLUMBIA CITY
(*Zip Code* 46725)

Hamilton, Thomas 115 S. Main St. (GP)
Heritier, C. Jules 700 Hill Dr. (GP)
Lehmberg, Otto F. C. (S) .118 E. Van Buren St. (GP)
Reid, Donald B. 2 Hallmark Square (GP)
Roth, James R. 323 N. Chauncey (GP)
Vogel, John L. 215 E. Van Buren St. (IM)
Wait, Jerome H. 360 N. Oak (GP)
Wilson, John 122 N. Main St. (GP)

Stalter, Gaylord W. North Webster 46555 (GP)
Mishler, Joe B. Box 276 Pierceton 46562 (GP)
Yoder, Dewey D. (S) .R.R. 1, Pierceton 46562 (OTO)
Huffman, Verlin P.
201 N. State St., South Whitley 46787 (GP)

WOMAN'S AUXILIARY
to the
INDIANA STATE MEDICAL ASSOCIATION

1974-1975

EXECUTIVE COMMITTEE

Officers			
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CENTRAL AREA V.P.	Mrs. John R. Stanley	2303 Redding Rd.	Muncie 47304
SOUTHERN AREA V.P.	Mrs. Irvin Sonne	1546 Sunset Drive	New Albany 47150
RECORDING SECRETARY	Mrs. Milton Carlson	12415 Brookshire Pkwy.	Carmel 46032
TREASURER	Mrs. John W. Beeler	7974 N. Illinois	Indianapolis 46260
IMMEDIATE PAST PRESIDENT	Mrs. Willis W. Stogsdill	8950 Shagbark Rd.	Indianapolis 46260

Appointed Officers			
CORRESPONDING SECRETARY	Mrs. James F. Rimel	909 Bayless	Plymouth 46563
FINANCE	Mrs. Philip L. Smith	5416 S. Wayne Ave.	Ft. Wayne 46807
HISTORIAN 1974-75	Mrs. John W. Deever	6801 S. East St.	Indianapolis 46227
PARLIAMENTARIAN	Mrs. Herbert Schiller	1813 E. Cedar St.	South Bend 46617
EDITOR	Mrs. Frank Green	516 N. Morgan	Rushville 46137
ASSISTANT EDITOR	Mrs. Eli Goodman	333 Oriole Drive	Charlestown 47111

CHAIRMEN OF PROGRAM EXTENSION COMMITTEES

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AMAERF TREASURER	Mrs. John Quakenbush	R.R. 1	Sharpsville 46068
COMMUNICATIONS	Mrs. Eli Goodman	333 Oriole Dr.	Charlestown 47111
COMMUNITY HEALTH	Mrs. Gene C. Laker	1412 Hawthorne Rd.	Ft. Wayne 46804
FAMILY HEALTH	Mrs. Louis F. Bradley	Country Club Addition	Bluffton 46714
HEALTH EDUCATION	Mrs. Harry L. Keffer	R.R. 3	W. Terre Haute 47885
HEALTH MANPOWER	Mrs. Leonard G. Paul	3023 Mayfield Way	Michigan City 46360
INTERNATIONAL HEALTH	Mrs. Jack L. Kelley	1420 Ravinia Rd.	W. Lafayette 47906
LEGISLATION	Mrs. Jack Walker	Walker Road	Yorktown 47396
MEDICAL CARE INSURANCE	Mrs. Herbert Sedam	4819 Millersville Rd.	Indianapolis 46226
WASAMA LIAISON	Mrs. Herbert Egbert	419 W. 63rd St.	Indianapolis 46260
WASAMA LIAISON ASST.	Mrs. Robert E. Wrenn	3910 N. Centennial	Indianapolis 46208

AD HOC APPOINTMENTS

CHAIRMAN OF WOMEN'S ACTIVITIES 1974 ISMA CONVENTION	Mrs. James L. Stribling	R.R. 8, Harrison Lake	Columbus 47201
CONVENTION CHAIRMAN 1975 HOUSE OF DELEGATES	Mrs. G. Beach Gattman	1319 Lawn Ave.	Elkhart 46514
CHAPLAIN	Mrs. Warren Van Campen	11422 Lakeshore Dr. E.	Carmel 46032
AMPAC-IMPAC LIAISON	Mrs. William D. Ragan	11416 Lakeshore Dr. E.	Carmel 46032
ISMA ADVISORY COMMITTEE	Dr. William Sholty	R.R. 8, Box 89	Lafayette 47901
	Dr. G. Beach Gattman	1319 Lawn Ave.	Elkhart 46514

CHAIRMEN OF STANDING COMMITTEES

BY-LAWS	Mrs. Thomas Johnson	351 W. 63rd St.	Indianapolis 46260
EDITORIAL	Mrs. Frank Green	516 N. Morgan St.	Rushville 46137
FINANCE	Mrs. Philip L. Smith	5416 S. Wayne Ave.	Ft. Wayne 46807
MEMBERSHIP	Mrs. David Goldsmith	2711 River Rd.	Marion 46952
ORGANIZATION	Mrs. Edsel Reed	111 Pawnee Dr.	Jeffersonville 47130
PROGRAM BOOKS	Mrs. Malcolm O. Scamahorn		Pittsboro 46167
PUBLICITY	Mrs. Eugene Rifner	10513 E. 500 N.	Van Buren 46991

MEMBERSHIP ROSTER—BY COUNTIES

ALLEN COUNTY

Bluffton

(*Zip Code* 46714)

Buckner, Mrs. Joy P.O. Box 87

Aust, Mrs. Charles H.
6006 W. Hamilton Rd. Roanoke 46783

Fort Wayne

(*Zip Code* 46805 *unless otherwise indicated.*)

A

Adams, Mrs. E. Wade 1902 Forest Park Blvd.
Ahlbrand, Mrs. Roland C. ..4820 Chaucer Dr. (15)
Aiken, Mrs. Arthur F. ...8331 Waterswolde (25)
Aiken, Mrs. Nevin E. 5540 N. Clinton St.
Aldred, Mrs. Allen W. ...3636 Rosewood Dr. (04)
Anderson, Mrs. Ernest ..2718 Schaper Drive (06)
Andrew, Mrs. Jerald R.R. 4, Dodane Rd. (09)
Arata, Mrs. Justin E. 224 Ludwig Rd. (25)
Ashman, Mrs. William C. 1018 Kinnaird (07)

B

Ball, Mrs. John R. ..13434 Abonite Center Rd. (04)
Baltes, Mrs. Joseph H. 1309 Sunset Dr. (07)
Barch, Mrs. John W. 4921 Desoto Dr.
Bash, Mrs. Stephen E. 4125 Indiana (07)
Bauman, Mrs. Richard L. ..5219 Langsdon Pass (05)
Beams, Mrs. Ralph ..5709 Tomahawk Trail (04)
Beights, Mrs. Raymond 4505 Fairlawn Pass
Bergendahl, Mrs. Emil 1202 Illsley Dr. (07)
Beutler, Mrs. Theodore
3505 S. Washington Rd. (04)
Bierman, Mrs. Gilbert H. 1732 Hadley Rd. (04)
Billingsley, Mrs. John 4720 Crestwood Dr. (07)
Bixler, Mrs. J. A. 5220 Corydon Court (15)
Blichert, Mrs. Peter A. .449 W. Sherwood Terrace (07)
Bolander, Mrs. J. E. 6614 Monarch Dr.
Bollheimer, Mrs. Donald A.
3705 Bluegrass Lane
Borders, Mrs. Theodore R. 1802 Nevada St.
Bossard, Mrs. John W. 1611 Alabama
Bower, Mrs. Richard E. ..7019 Balmoral Dr. (04)
Bowers, Mrs. Geo. W. 7916 Covington Rd. (04)
Brandt, Mrs. William 3535 Kirkland Lane
Braunlin, Mrs. Robert J. 3610 Kirkwood Cr. (05)
Bridges, Mrs. W. Lloyd .207 Southridge Rd. (25)
Bromley, Mrs. Luman W.
1225 W. Sherwood Ter. (07)
Brosius, Mrs. Robert H. 3302 Garland
Brucker, Mrs. Perry A. 2933 Kingsley Dr.
Bryan, Mrs. Franklin A. 3006 Devon Dr.
Buchholz, Mrs. J. G. 6807 Penmoken Dr. (09)
Buckner, Mrs. Doster 2710 Bosworth Dr.
Buckner, Mrs. George D. 4327 Hampshire Dr.

C

Carr, Mrs. W. B. 6139 Monarch Drive
Cast, Mrs. William ..4601 N. Washington Road (04)
Chambers, Mrs. Alan 1404 Three Rivers Apts. East (02)
Chambers, Mrs. Donald 5700 Fontana Drive
Clark, Mrs. William R. Jr. ..532 Oakdale Dr. (07)
Clark, Mrs. Wm. R. 4002 S. Harrison (07)
Cochran, Mrs. H. A., Jr. ..706 Nightfall Rd. (07)
Connelly, Mrs. Jerry 3321 Glencairn
Connelly, Mrs. Richard D. 3016 Kingsley Dr.
Cooney, Mrs. Charles J.
2620 Covington Club Court (04)
Cooper, Mrs. B. Trent 12815 U.S. 24W (04)
Cottrell, Mrs. Robert F. ..5125 Worthman Ct. (07)
Craig, Mrs. Richard M. 4701 Covington Rd. (04)
Culp, Mrs. J. E. 4701 Covington Rd. (04)

D

Datzman, Mrs. Richard 2722 Roscommon
Dauscher, Mrs. Dean D. 5303 Cresthill Dr. (04)
Donesa, Mrs. Antonio B. 4023 Spanish Trail
Dormire, Mrs. Robert D. ...4909 Chaucer Dr. (15)
Dunstone, Mrs. H. Carter
2525 Paulding Rd. (06)
Dyer, Mrs. John K. 8805 Fortuna Way (05)

E

Emme, Mrs. Richard W. .4429 Imperial Park Dr. (15)
Epps, Mrs. James H. 2935 Devon Dr.

F

Farquhar, Mrs. John S. ..4701 Covington Rd. (04)
Felger, Mrs. Thomas 310 East Fleming Ave.
Fiacable, Mrs. Joseph P. .5626 Dartmouth Dr. (25)
Flaherty, Mrs. Robert 1835 Forest Park Blvd.
Foy, Mrs. Thomas 3635 Delray Dr.
Franke, Mrs. Gordon R. ..6216 Midwood Dr. (15)
Frankhouser, Mrs. C. M. .1518 Woodmore Dr. (04)
Fullam, Mrs. Richard 4159 Woodstock
Furtado, Mrs. Robert 2606 Palisade Dr. (06)

G

Gastineau, Mrs. David C. .8203 Westridge Rd. (25)

Gerding, Mrs. William J. ..1721 Forest Park Blvd.
Giffin, Mrs. Charles 7939 Scottwood Court (04)
Gilbert, Mrs. Al 1815 Benham Dr. (05)
Gize, Mrs. Raymond 1810 Forest Valley Drive
Glassley, Mrs. Stephen 6950 Stellhorn Rd.
Glock, Mrs. Maurice E. ..1502 Hawthorne Rd. (04)
Glock, Mrs. Steven R. 3427 Amulet Dr. (02)
Goebel, Mrs. Carl W. 4102 S. Harrison (07)
Gould, Mrs. John C. 10509 Uncas Trail (04)
Green, Mrs. Robert F. ..4429 W. Hamilton Rd. (04)
Greenlee, Mrs. Robert L. 3344 Sanibel Dr.
Greist, Mrs. Walter D. 4809 Arlington (07)
Griffith, Mrs. Harold R. ..1913 Forest Park Blvd. (05)
Gumbert, Mrs. Jack L. ..10810 Old Colony Rd. (25)

H

Hackett, Mrs. Walter G. ..5208 W. Hamilton Rd. (04)
Haffner, Mrs. Herman G. ..3606 Mulberry Rd. (04)
Haley, Mrs. Alvin J. 6001 Ranger Trail (15)
Hall, Mrs. William R. 8721 Fortuna Way
Haller, Mrs. Richard C. ..229 W. Wallen Rd. (25)
Hamilton, Mrs. Emory D. 2405 Florida Dr.
Hamilton, Mrs. George 4531 Highwood Dr.
Harris, Mrs. James J. 6126 Graymoor Lane (15)
Hastings, Mrs. Warren C. 1822 Kensington Rd.
Hattendorf, Mrs. A. Paul ..4041 Old Mill Rd. (07)
Havens, Mrs. Russell E. 3721 Inwood
Herendeen, Mrs. Thomas L. .13202 Hardesty Rd. (25)
Hershberger, Mrs. Philip G. .2737 Club Terrace (04)
Hickman, Mrs. Donald M. . 4730 Druid Hills Dr. (15)
Hicks, Mrs. Tom 6121 Cordova Ct. (05)
Hill, Mrs. James S. 1002 Prange Drive (07)
Hillery, Mrs. Robert 3513 Kirkland Lane
Hoffman, Mrs. Arthur F. ..3619 Harris Rd. (08)
Hoog, Mrs. John M. 1617 Kensington Blvd.
Hoover, Mrs. Joseph 415 Blake Dr. (08)
Howe, Mrs. Fordyce L. 2540 Springfield
Hull, Mrs. DeWayne L. 3511 Delray

I & J

Isenogle, Mrs. Kenneth ..11118 Kings Crossing (25)
Jackson, Mrs. John F. ..5315 Cloverbrook Dr. (06)
Jensen, Mrs. Robert E. 6406 Wayota
Johnson, Mrs. Phil 4926 Midlothian (15)
Johnston, Mrs. Richard 2533 Bellevue Dr. (05)
Jontz, Mrs. Joseph 8307 Westridge (25)
Jontz, Mrs. Richard L. 5314 Damask Dr.
Juergens, Mrs. Richard 8233 Parkridge (25)
Jurgensen, Mrs. Walter T. .6842 Blue Mist Road (19)

K

Kachmann, Mrs. Rudy A. 1848 Forest Park Blvd.
Kammeyer, Mrs. William A.
7611 Westminster Dr. (15)
Karol, Mrs. Herbert J. 1725 Ardmore (04)
Kaufman, Mrs. Julian R. ..5405 Old Mill Rd. (07)
Keck, Mrs. Carleton A. 4633 Crestwood (07)
Kempler, Mrs. Norman 555 Candlelite Ct. (07)
Kent, Mrs. Richard N. 1515 Hickory St.
Kilgore, Mrs. Byron 3110 Glencairn Dr.
Kimbrough, Mrs. Robert ..4745 Hartman Rd. (07)
Kleifgen, Mrs. Wm. A. 4602 Tacoma (07)
Kleopfer, Mrs. Ronald G. 6321 Sharon Dr. (25)
Klooze, Mrs. Kenneth W. 723 W. Packard (07)
Knight, Mrs. Lewis W. 3502 Glencairn Dr.
Krueger, Mrs. John 4910 Midlothian Rd. (15)
Kruse, Mrs. Walter E. 4006 Spanish Trail

L

Ladig, Mrs. Donald S. 2720 Fairfield (07)
Laker, Mrs. Gene C. 1412 Hawthorne Rd. (04)
Laker, Mrs. Richard J. 1244 W. Rudisill (07)
Lampe, Mrs. Elfred H. ..4255 Hartman Rd. (07)
Lasalle, Mrs. Bill 1803 Forest Park Blvd. (05)
Laycock, Mrs. Richard 4909 Midlothian (15)
Lee, Mrs. John W. 5421 Glenrose Dr.
Lenk, Mrs. George G. 5507 E. State St.
Lloyd, Mrs. Robert P.
3838 N. Washington Rd. (04)
Logan, Mrs. Richard S. 5225 Vance
Lohman, Mrs. Robert M. .1320 Westover Rd. (07)
Lorman, Mrs. James G. 4926 Midlothian (15)
Luckey, Mrs. J. E. 1738 Kinross (05)
Lyster, Mrs. Richard F. 3512 Maxim Dr.

M

McArdle, Mrs. Michael 3424 Cherry Lane (04)
McCallister, Mrs. John W. ..4215 Drury Lane (07)
McCaslin, Mrs. D. L. ..7638 Hope Farm Road
McDowell, Mrs. George A. ..2322 Forest Park Blvd.
McEachern, Mrs. Cecil 4242 Old Mill Rd. (07)
Maldia, Mrs. Godofredo M. ..8717 Manor Dr. (25)
Mann, Mrs. R. E. 1316 Old Lantern Trail (25)
Manning, Mrs. George 4115 Indiana Ave. (07)
Mastrangelo, Mrs. Michael J.
1914 Kensington Blvd.
Mensch, Mrs. James R. 2120 Forest Park Blvd.
Meyer, Mrs. Theo. O. 3728 Kirkwood
Michaelis, Mrs. Stephen C. ..1255 Korte Lane (07)
Miller, Mrs. Don E. 2503 Palisade Dr. (06)
Miller, Mrs. E. D. 3222 Jonquil Dr.
Miller, Mrs. H. Paul 6408 S. Calhoun (07)
Miller, Mrs. Orval J. 1810 Kensington
Miller, Mrs. Richard 5516 Indiana (07)
Miller, Mrs. William 2620 E. Capitol Ave. (06)
Moats, Mrs. Carl F. .3210 N. Washington Rd. (04)
Moeller, Mrs. Victor C. .4723 St. Joe Center Rd. (15)
Morey, Mrs. Edwin 6841 Bluemist Rd. (09)
Morgan, Mrs. Milton M. .8214 Park Ridge Dr. (25)
Mueller, Mrs. Lawrence W.
3423 S. Washington Rd. (04)

N-O

Nill, Mrs. John H. 5316 South Wayne (07)
Nolan, Mrs. Gerald R.
2631 Covington Club Ct. (04)
O'Brian, Mrs. John F. 8757 Maysville Rd.

P

Pancner, Mrs. Ronald J.
3170 Briar Brook Lane (04)
Parker, Mrs. C. B. 2215 Paulding Rd. (06)
Parrot, Mrs. Donald J. 4926 Chaucer (15)
Patterson, Mrs. Jack W. 8914 Maravilla Dr.
Pepple, Mrs. W. David ..5233 Stone Hedge Blvd. (15)
Perrin, Mrs. Kermit F. 2828 Lake Ave.

Pickett, Mrs. Merle E. 4509 Trierwood
Popp, Mrs. Milton F. 3148 Parnell Ave.
Priddy, Mrs. Marvin 3902 Bonita Place

R

Ramaprakash, Mrs. H. N. 2627 Stardale Dr. (16)
Rank, Mrs. Wm. B. 1704 Old Lantern Trail (25)
Reed, Mrs. John D. 3940 Dalewood Dr.
Reszel, Mrs. Paul A. 7507 Schwartz Rd. (15)
Richards, Mrs. A. D. 10102 Circle Drive (04)
Richardson, Mrs. Joseph H. 8726 Fortuna Way
Rissing, Mrs. Walter J. 3200 Irvington
Romain, Mrs. Louis 913 Three Rivers E. (02)
Rothberg, Mrs. Maurice ..4319 Hartman Rd. (07)
Rousseau, Mrs. John W. 3018 Devon Dr.
Rusher, Mrs. M. W. 5116 Ivy Brook Ave. (15)

S

Salon, Mrs. Joel 4935 Old Mill Rd. (07)
Salon, Mrs. Nathan L.
3505 N. Washington Rd. (04)
Sarver, Mrs. Francis E. 4629 Tacoma (07)
Scheeringa, Mrs. Ronald H.
2805 Greenbriar Dr. (04)
Schlademan, Mrs. Karl R. ..5231 Old Mill Rd. (07)
Schleinkofer, Mrs. Robert ..4820 Midlothian (15)
Schlueter, Mrs. David P. 4002 Dalewood Drive
Schmidt, Mrs. Eugene E. 1119 Maxine Dr. (07)
Schmoll, Mrs. Robert J. 605 W. Fairfax (07)
Schneider, Mrs. Louis A.
1351 W. Sherwood Tr. (07)
Schoen, Mrs. Frederic L. ..6920 Blue Mist Rd. (09)
Schoenhals, Mrs. Charles E. 5431 Vance Ave.
Schubert, Mrs. Jerome C.
10725 Old Colony Rd. (25)
Scudder, Mrs. James 1619 Forest Park Blvd.
Shinabery, Mrs. Lawerence
212 Three Rivers North (02)
Shriner, Mrs. Philip O. ..10169 St. Joe Road (15)
Shugart, Mrs. Robert R.
4206 N. Washington Rd. (04)
Sidel, Mrs. Alan W. 7129 Duane Dr.
Sidell, Mrs. James 3912 Bonita Pl.
Silvero, Mrs. Hubert L. 7102 Antebellum Bl.
Sirlin, Mrs. E. M. 2615 Trier Rd.
Smith, Mrs. C. Curtis 5134 Vance Ave.
Smith, Mrs. Philip L. 5416 South Wayne (07)
Smith, Mrs. Roger C. 7005 Winnebago
Snyderman, Mrs. Sanford C. R.R. 6 (04)
Spencer, Mrs. C. Herbert
2106 Paulding Rd. (06)
Stanley, Mrs. Robert G.
2807 Club Terrace Rd. (04)
Stauffer, Mrs. Richard C. 3924 Spanish Trail
Steigmeyer, Mrs. David J. 6809 Woodcrest
Stier, Mrs. Paul ..R. R. 6, 13120 Ravine Trail (04)
Stovall, Mrs. Alfred 4211 Woodstock Dr.
Stucky, Mrs. Jerry L. 4167 Woodstock Ave.
Sugarman, Mrs. Don 13207 Ravine Trail (04)
Sullivan, Mrs. Robert E. ...4925 Midlothian Dr. (15)

T

Tennant, Mrs. David L. 4802 Calumet (06)
Terrill, Mrs. Richard 4727 Old Mill Rd. (07)
Thong, Mrs. S. H. 2821 Hazelwood (05)
Thomas, Mrs. J. R. 3036 Tonawanda
Thompson, Mrs. Samuel ..1325 Old Lantern Tr. (25)
Tomusk, Mrs. August N. ...1620 Forest Park Blvd.
Towles, Mrs. J. H. 4231 Boca Trail (05)
Trier, Mrs. Herbert P. 1618 Forest Park Blvd.
Tunnell, Mrs. Harry D. III 1605 Randalia
Tyndall, Mrs. J. Phillip 3306 Rockwood Dr.

U-V

Vogel, Mrs. Lloyd A. ...4819 Midlothian Dr. (15)
Voorhees, Mrs. Robert J. ..2018 Forrest Valley Dr.

W

Wade, Mrs. Reynolds W., Jr. ..4105 Dalewood Dr.
Walker, Mrs. Floyd 1202 Forest Ave.
Wallace, Mrs. Collins R. 126 Timber Lane
Wick, Mrs. Alfred A. 2320 Springfield Ave.
Willis, Mrs. Robert, Jr. 4701 Covington Rd. (04)
Wilson, Mrs. Leslie 4864 Reed Rd. (15)

Z

Zweig, Mrs. Elmer S. 2015 Pemberton

New Haven
(*Zip Code* 46774)

Dahling, Mrs. C. Wallace ...Carefree Farms, R.R. 2
Dahling, Mrs. Fred W. R.R. 1, Box 9A
Hoetzer, Mrs. Eldore M. 724 Doyle Rd.
Stumpf, Mrs. Edwin E. 1316 Werling Rd.

Gentile, Mrs. J. Paul R.R. 1, Grabill (46741)
Mackel, Mrs. Frederick
R.R. 1, Huntertown (46748)
Harless, Mrs. O. Fred Monroeville (46773)
Graham, Mrs. James C. .. R.R. 2, Roanoke (46783)
Senseny, Mrs. Eugene F. ...R.R. 2, Roanoke (46783)
Cummins, Mrs. Larry E. ..R.R. 1, Woodburn (46797)
Schlegel, Mrs. Edward ..2009 Freize Ave., Ann Arbor, Mich. (48104)

BARTHOLOMEW-BROWN COUNTIES

Columbus
(*Zip Code* 47201)

Able, Mrs. Walter R.R. 2
Beggs, Mrs. Lowell F. 2733 Riverside Dr.
Berkshire, Mrs. Shaffer B. 314 Flat Rock Dr.
Brueggemann, Mrs. George W. ..R.R. 9, Wood Lake
Bush, Mrs. Robert 2655 Chestnut
Cooper, Mrs. W. E. 303 Flat Rock Dr.
Daugherty, Mrs. Forest D. R.R. 1, Indian Hills
Davis, Mrs. Marvin R. ...2300 N. Washington St.
Dugan, Mrs. Thomas 2661 18th St.
Echsner, Mrs. Herman 300 Tipton Lane
Fisher, Mrs. Walter S. 3450 Nugent
Fortner, Mrs. Roy E. R.R. 2
Franz, Mrs. Sherman 4206 Riverside
Frederick, Mrs. Terry L. 3839 Waycross Dr.
Free, Mrs. Susan Windsor Lane—Amberley
Fuller, Mrs. Bonnie R.R. 1, Taylor Rd.
Gammell, Mrs. Lindley L. 602 22nd St.
Greenwood, Mrs. Charles 3250 Heritage Rd.
Hart, Mrs. Robert B. 1203 16th St.

Hauersperger, Mrs. Alfred D. ..4450 N. Riverside Dr.
Henry, Mrs. Alvin L. 1926 Lafayette Ave.
Holdread, Mrs. Jon R.R. 9, Harrison Hills
Jacobs, Mrs. Carol R.R. 6
Jacobs, Mrs. Robert 2710 Taylor Rd.
James, Mrs. Carroll 2634 Chestnut
Kim, Mrs. Bong 2329 Jolinda Ct.
Krueger, Mrs. Robert 811 27th St.
Macy, Mrs. George W. 2335 Riverside Dr.
Marr, Mrs. Griffith Marr Rd., R.R. 1
Mohler, Mrs. Floyd W. 308 Sunset Dr.
Moore, Mrs. Don 4375 N. Riverside
Nelson, Mrs. Bryan 3900 Saddle Dr.
O'Brien, Mrs. David 3272 Buch Dr.
O'Bryan, Mrs. Richard B. 3306 Grove Parkway
Pearce, Mrs. Wm. 1601 Hunter Place
Probst, Mrs. Edward L. 1920 Franklin St.
Ranck, Mrs. Benjamin A. 3370 Grove Parkway
Rau, Mrs. Charles A. 1312 Audubon Dr.
Reed, Mrs. Robert 3250 Woodland Pkwy.
Reid, Mrs. Robert M. 2712 Lafayette Ave.
Richmond, Mrs. Harold W. 1725 Washington
Ryan, Mrs. C. David 4340 N. Riverside Dr.
Ryan, Mrs. Wm. J. 3224 Grove Parkway
Sandlin, Mrs. Donald L. R.R. 6
Schmitt, Mrs. Richard K. 2639 Riverside Dr.
Schneider, Mrs. Kenneth D. ..4250 N. Riverside Dr.
Sebehar, Mrs. Duane A. 4385 Riverside St.
Stribling, Mrs. James L. Rt. 9
Walker, Mrs. G. D. 2729 Riverside Dr.
Weinland, Mrs. George C. R.R. 9, Harrison Lake
Weisenberger, Mrs. Brockton 3640 Woodside Dr.
Williams, Mrs. E. W. 1815 Park Valley Dr.
Wissman, Mrs. William 2537 Riverside Dr.
Yanke, Mrs. David 2945 Washington St.

Pope, Mrs. W. Dean R.R. 2, Edinburg (46124)
Hawes, Mrs. Marvin E. Rt. 1, Hope (47246)
Seibel, Mrs. Robert Box 127, Nashville (47448)

BOONE COUNTY

Lebanon

(*Zip Code* 46052)

Coons, Mrs. John D. 121 Ulen Blvd.
Coons, Mrs. Ritchie 138 Ulen Blvd.
Fisher, Mrs. Gerald 324 W. North St.
Honan, Mrs. Paul 202 East Dr.
Kern, Mrs. Clarence G. 2203 Center Dr.
McAfee, Mrs. James 1997 Terrace Lane
Mukhtar, Mrs. Fuad 126 Ulen Blvd.
Wiseheart, Mrs. Robert H. 123 Ulen Blvd.

CARROLL COUNTY

Delphi

(*Zip Code* 46923)

Baker, Mrs. Eldon E. R.R. 4, Box 144
Petry, Mrs. T. Neal 130 W. Summit St.
Seese, Mrs. Robert M. 201 W. North St.
Wagoner, Mrs. Geo. W. 305 W. Summit St.

Eller, Mrs. Alvan R.R. 1, Bringhurst (46913)
Wise, Mrs. Charles Camden (46917)

CASS COUNTY

Logansport

(*Zip Code* 46947)

Bailey, Mrs. Earl W. 2522 North
Bean, Mrs. Joseph S. Rt. 4, Box 133
Brewer, Mrs. Robert A. 803 E. Broadway
Diennocentes, Mrs. Louis 316 Davis Rd.
Eckert, Mrs. Russell A. 15 Frederick St.
Glendening, Mrs. Richard L. 2300 Broadway
Hall, Mrs. Bernard R. 3400 E. Broadway
Hedde, Mrs. Eugene 2304 Chase Rd.
Hillis, Mrs. L. J. 2410 Hastye Hyll
Horning, Mrs. Richard R. ..Logansport State Hosp.
Jones, Mrs. J. Carl R.R. 3
Karnafel, Mrs. Eugene T. R.R. 2, Box 80
King, Mrs. Jay M. 2319 Mayfair Dr.
Luxenberg, Mrs. Edwin R. 2400 E. Broadway
Mamaril, Mrs. B. F. 3715 Henry Drive
Maschmeyer, Mrs. R. H. ..Logansport State Hosp.
Morrical, Mrs. Russell J. 415 Highland
Peddicord, Mrs. Clifford 4605 S. Shady Lane
Pfuetze, Mrs. Max 2905 High St. Road
Viney, Mrs. Charles 2525 High St. Road
Vizcarra, Mrs. Ruben F. 2716 Northwood Dr.
Williams, Mrs. Earl K. 1214 E. Broadway
Wilson, Mrs. Paul H. 2600 Hastye Hyll

CLARK COUNTY

Charlestown

(*Zip Code* 47111)

Goodman, Mrs. Eli 333 Oriole Dr.
Horlander, Mrs. Fridolin Stacy Road
Jones, Mrs. David State Rd. 403
Voskuhl, Mrs. William L. Redbud Dr.

Clarksville

(*Zip Code* 47131)

McKechnie, Mrs. Robert K. ..1554 Blackiston Mill Rd.
Millan, Mrs. Joselito L. 1707 Driftwood Dr.
Mudd, Mrs. Joseph 103 Rosewood Dr.
Neathamer, Mrs. Thomas 1548 Briarwood Dr.
Willner, Mrs. Alan 214 Rosewood Dr.
Wolverton, Mrs. George 115 Rosewood Dr.

Jeffersonville

(*Zip Code* 47130)

Buckley, Mrs. Ernest 1469 E. 8th St.
Cannon, Mrs. David R. 109 Pensive Rd.
Clark, Mrs. William B. 435 Spring St.
Fultz, Mrs. Roy L. 55 Sycamore Dr.
Golden, Mrs. Wm. Y. 1929 Utica Pike
Gutman, Mrs. Gordon ..R. R. 3, Blackiston Mill Rd.
Havens, Mrs. A. Lyle 1934 Utica Pike
Huoni, Mrs. John 6 Blanchel Terrace
Isler, Mrs. Nathaniel C. 901 Morningside Dr.
Jimenez, Mrs. Pedro 727 Martha Dr.
Oca, Mrs. Clemente F. 2101 Utica Pike

Reed, Mrs. Edsel 4 Pawnee Dr.
Riehl, Mrs. Richard 55 Wildwood Road
Tomlin, Mrs. Jerrold E. 3813 Utica Pike
Torres, Mrs. Jose 1423 Ridgeway Dr.

Sellersburg
(*Zip Code* 47172)

Meyer, Mrs. Claude J. 225 W. Utica St.
Regan, Mrs. George 7917 Highway 31W
Robertson, Mrs. Robert E. 615 W. Utica St.
Sturgis, Mrs. Donald G. 542 Linnwood
Vandevert, Mrs. Arthur 202 Highland

Carr, Mrs. Joseph H., Pine Rd., Henryville 47126
Greene, Mrs. W. R. Henryville 47126
Archangel, Mrs. C. S. 310 Castleview Dr. Louisville, Ky. 40207
Bizer, Mrs. Mier 502 Country Lane, Louisville, Ky. 40205
Cosio, Mrs. Julio 404 Club Lane, Louisville, Ky. 40205
Duque, Mrs. Fausto ..407 Rolling Lane, Louisville, Ky. 40207
Heideman, Mrs. David 6203 Innes Trace Rd., Louisville, Ky. 40222
Matibag, Mrs. Victor P. 9202 Tiverton Way Louisville, Ky. 40222
McCloud, Jr., Mrs. L. C. 7607 Wesleyan Place Louisville, Ky. 40222

DELAWARE-BLACKFORD COUNTIES

Hurley, Mrs. John ..P.O. Box 545, Daleville 47334
Puterbaugh, Mrs. Karl Albany 47320
Montgomery, Mrs. Lall G. R. R. 1, Box 202, Gaston 47342
Willman, Mrs. Joe R.R. 1, Gaston
Egger, Mrs. Ross R.R. 1, Box 182, Middletown 47356
Owsley, Mrs. Guy ..The Oaks, Hartford City 47348

Muncie
(*Zip Code* 47304 *unless otherwise indicated*)

A

Adams, Mrs. William B. 4608 W. Jackson St.
Alexander, Mrs. Jack 2301 Audubon
Alvey, Mrs. Charles R. 3830 University Ave.
Ashburn, Mrs. Clarence 2202 W. Purdue Rd.

B

Ball, Mrs. Philip R.R. 9, Box 301-A, Old School Farm (02)
Benken, Mrs. Lawrence 11 Hampshire
Baltzer, Mrs. Donald 2007 Twickingham Dr. R.R. 11, 4900 Hamilton Lane (02)
Bergwall, Mrs. Warren 20 Burnell Dr.
Berner, Mrs. H. W. 3909 Peachtree Ln. (02)
Border, Mrs. John F. R.R. 6, Box 192 (02)
Botkin, Mrs. Thomas R.R. 11, 4900 Hamilton Lane (02)
Branam, Mrs. George 38 Warwick Rd.
Brown, Mrs. Leland 605 Waid Ave.
Brown, Mrs. Stewart D. 19 Hickory Rd. (03)
Brown, Mrs. Thomas R.R. 6, Box 191 (02)
Burns, Mrs. Anthony 2820 W. Main (04)
Burwell, Mrs. S. W. 3124 W. Gilbert St. (04)
Butz, Mrs. Ralph 3824 Riverside Ave.

C

Clark, Mrs. Robert 3124 University Ave.
Cole, Mrs. Larry 625 Riley Road
Cooley, Mrs. Paul P. 3003 Oaklyn
Coulon, Mrs. Thomas 1604 Brentwood
Covalt, Mrs. Wendell E. 304 Alden
Cullison, Mrs. John 2601 Parkway Dr.

D

Dersch, Mrs. David 305 Greenbriar
Dietz, Mrs. David J. 1713 Brentwood Lane
Dowell, Mrs. Anthony 1709 Forrest Ave.
Dunning, Mrs. Thomas ...3301 N. Tillotson Ave.
Dutchman, Mrs. William R. 1003 N. Shellbark

E-F

Fiederlein, Mrs. Frederick 308 Wildwood

G

Geckler, Mrs. Charles E. ..1007 W. North St. (03)
Gibson, Mrs. Robert 2306 Timber Lane
Gill, Mrs. Thomas 3502 Petty Rd.
Goodell, Mrs. Charles 5 Briar Rd.
Gray, Mrs. Stuart 3851 University
Gray, Mrs. Wayne 507 Pin Oak Lane
Gustafson, Mrs. Milton H. ...230 Stradling Rd.

H-I

Habansky, Mrs. Alan 1709 Brentwood Ln.
Hall, Mrs. Robert S. R.R. 9, Box 305 (02)
Hayes, Mrs. T. R. 19 Warwick Rd.
Henderson, Mrs. Ramon 52 Warwick Rd.
High, Mrs. Ralph 2825 University Ave.
Hollingsworth, Mrs. Thomas ..411 Rambler Rd. (04)
Imhof, Mrs. J. D. 46 Warwick Rd.

K

Kalker, Mrs. Morton 704 Greenbriar Rd.
Ko, Mrs. Richard 3315 Cornwall
Koch, Mrs. Edwin F., Jr. 915 University Ave.
Kress, Mrs. J. W. 2610 Redding Rd.

L

Lawson, Mrs. Lawrence 3117 Petty Rd.

M-N

McClintock, Mrs. James 3121 University
McConnell, Mrs. Thomas 615 Catalpa (04)
Montgomery, Mrs. Ralph 500 Green Briar Rd.
Moore, Mrs. Jack 2306 Park Lane
Morton, Mrs. William 1708 Forest
Nelson, Mrs. Harold E. 3216 Torquay Rd.
Newnam, Mrs. Philip R.R. 8, Box 331 (02)

O

Osborne, Mrs. John 3119 Petty Road

P-Q

Peacock, Mrs. Robert R.R. 3 (02)
Pell, Mrs. Donald 3109 Godman
Pippinger, Mrs. Joseph .. 2200 Twickingham Dr. (02)

R

Reedy, Mrs. Richard R.R. 6, Box 190 (02)
Rivers, Mrs. Glynn 501 McKenzie (04)
Roch, Mrs. Marshall 1720 E. Robinwood Lane
Rudicel, Mrs. Max R.R. 6, Box 193 Isanogle Road

S

Schulhof, Mrs. M. G. 710 Riley (04)
Searight, Mrs. Howard ..4312 Burlington Drive (02)
Shaw, Mrs. Mathew R.R. 7 Box 240 (02)
Snyder, Mrs. Richard 2303 Woodbridge (04)
Songer, Mrs. Joseph ..11 Connie Dr. Brindale Woods
Speck, Mrs. Carlson 3208 University
Stanley, Mrs. John R. 2303 Redding (02)
Stibbins, Mrs. Warren E. 609 Brentwood
Stout, Mrs. Francis E. 102 Berwyn Rd. (04)

T

Tharp, Mrs. Donald 3121 Petty Rd.
Tharp, Mrs. John 2214 Twickingham Dr.
Tomlin, Mrs. Hugh M. 2920 Beechwood Ave.

V

Voss, Mrs. Gert 77 Warwick Rd.
Ware, Mrs. Herbert 1700 Glen Ellyn
Weisner, Mrs. Richard, R.R. 3, Box 347, Oaklawn (02)
Wince, Mrs. Leland 1704 Brentwood

Y

Yarling, Mrs. John 2901 N. Tillotson
Young, Mrs. G. S. 114 Berwyn Rd.

Cooper, Mrs. John H. R.R. 1, Eaton 47338
Hinchman, Mrs. Jean Parker 47368
Jay, Mrs. Arthur R.R. 1, Box 387 Parker 47368
Greiber, Mrs. Marvin F.
203 York Ave., Yorktown 47396
Walker, Mrs. Jack R.R. 1, Box 163A, Yorktown 47396

DUBOIS COUNTY

Backer, Mrs. Henry George ..Box 37, Ferdinand 47532
Fajardo, Mrs. Manuel
R.R. 1, Box 212, Ferdinand 47532
Encinas, Mrs. Senen Jimenez ..704 S. Main St., English 47118

Huntingburg

(*Zip Code* 47542)

Borges, Mrs. Victor J. Leland Dr.
Craig, Mrs. Harry R.R. 1
Scales, Mrs. Alfred B. Holland Rd.
Scales, Mrs. Allen D. Cedar Heights
Stork, Mrs. Harvey K. 523 First St.
Williams, Mrs. Fielding 511 Geiger

Jasper

(*Zip Code* 47546)

Beaven, Mrs. John 910 W. 13th St.
Bomalaski, Mrs. Don 1005 Kuebler Place
Drew, Mrs. Daniel Connor 416 W. 8th
Gootee, Mrs. Francis 1027 Emily St.
Gootee, Mrs. Thomas 1328 Dorbett St.
Heck, Mrs. Martin 801 Newton St.
Kemker, Mrs. Bernard 1809 Newton
Klamer, Mrs. Charles H. 616 W. 13th St.
Ploetner, Mrs. Edward 1344 Dorbett St.
Salb, Mrs. J. P. R.R. 1, Box 3A
Wagner, Mrs. Arthur L. 825 W. 13th St.

ELKHART COUNTY

Elkhart

(*Zip Code* 46514)

Benson, Mrs. James E. 1629 Rainbow Bend Dr.
Billings, Mrs. Elmer R. 2022 E. Jackson
Bloom, Mrs. George R. 1100 E. Jackson Blvd.
Boling, Mrs. Richard C. 217 Riverdale Dr.
Bowdoin, Mrs. George E. 2725 Vernon Ave.
Cassim, Mrs. R. M. 1919 Rainbow Bend Blvd.
Classen, Mrs. Pete R. C. R.R. 4, Box 506AA
Collins, Mrs. John B. 804 W. Lexington
Compton, Mrs. Walter A. ...2225 Greenleaf Blvd.
Cormican, Mrs. Herbert L. ..1950 Rainbow Bend Blvd.
Czismas, Mrs. Louis L. 1737 Inwood Court
Dovey, Mrs. Edward G., Jr. ..1604 Springbrook Dr.
Echeverria, Mrs. Rudolfo 1665 North Shore Dr.
Elliott, Mrs. Thomas A. 5 Kim Court
Farver, Mrs. Boyouk 1517 Meadow Lane
Finfrock, Mrs. James D. 608 S. West Blvd.
Fleming, Mrs. Claude F. ...229 W. Jackson Blvd.
Futterknecht, Mrs. James O. ..1640 Brookwood Dr.
Gattman, Mrs. G. Beach 1319 Lawn Ave.
Hannah, Mrs. J. W. 1906 East Jackson Blvd.
Heiser, Mrs. Ervin 520 South West Blvd.
Heminway, Mrs. Norman L., 1700 Rainbow Bend Blvd.
Himmelsbach, Mrs. W. A. 3024 E. Lake Dr. N.
Horswell, Mrs. R. G. 1629 E. Jackson Blvd.
Hurley, Mrs. James 3439 Calumet Ave.
Hussey, Mrs. Lawrence K. 1638 Victoria Dr.
Jones, Mrs. Robert B., Jr. ..1839 Rainbow Bend Blvd.
Kintner, Mrs. Burton E. 3520 E. Jackson Blvd.
Klassen, Mrs. Otto D. R.R. 4, Box 504
Knight, Mrs. Larry E. 1615 Greenbrier
Krause, Mrs. Frederick 9 Rio Lindo Dr.
Lamb, Mrs. Fred K. 1531 Brookwood Dr.
Lim, Mrs. Robert K. 738 Marine Ave.
Luther, Mrs. William C. ...3006 East Lake Dr. S.
McArt, Mrs. Bruce A. 2412 Kenilworth Dr.
Mark, Mrs. George A. 3139 Frailey Dr.
Martin, Mrs. Paul H. 1519 Strong Ave.
Miller, Mrs. Donald G. 1520 E. Mishawaka Rd.
Miller, Mrs. Galen R. 2229 Thorndale Ct.
Miller, Mrs. Hugh A. Jr. 417 Prospect St.
Miller, Mrs. Sam 174 Witmer Ave.
Mininger, Mrs. Edward P. ..1118 E. Jackson Blvd.
Mishkin, Mrs. Irving ..1809 Rainbow Bend Blvd.
Mishkin, Mrs. Marvin E. ..522 S. Highland Ave.
O'Donovan, Mrs. C. J. 2308 Broadmoor Dr.
Paff, Mrs. Wm. A. 1509 Meadow Lane
Paine, Mrs. George E. 329 Meisner Ave.
Pancost, Mrs. Vernon K. 160 Riverview Ave.
Papadopoulos, Mrs. Aris 3000 E. Lake Dr. S.
Parshall, Mrs. Dale B. 3538 Gordon Rd.
Pletcher, Mrs. William D. Box 2507

Rouen, Mrs. Robert L. 3703 Greenleaf Blvd.
Rupe, Mrs. Lloyd O. R.R. 4, Oakland Ave. Rd.
Rupel, Mrs. Dennis 130 West Beardsley Ave.
Scheer, Mrs. Alexander L. 1529 Ash Dr., E.
Semple, Mrs. Bruce 2626 Greenleaf Blvd.
South, Mrs. Dale R., Jr. 21 St. Joe Manor
Spray, Mrs. Page E. 658 Kilbourn St.
Stubbins, Mrs. William 1703 Rainbow Bend Blvd.
Work, Mrs. James A. Jr. 22 St. Joseph Manor
Yoder, Mrs. C. Richard ..1600 Rainbow Bend Blvd.
Zeitler, Mrs. Philip S. 1628 Springbrook Dr.

Goshen
(*Zip Code* 46526)

Bigler, Mrs. Frederick W. 124 Parmley Dr.
Bowser, Mrs. Philip G. 707 S. 7th St.
Chandler, Mrs. Leon H. 412 S. Fifth St.
Graber, Mrs. Virgil R. R.R. 2, Box 338
Gunderson, Mrs. Shaun D. R.R. 3, Box 397
Haney, Mrs. Leslie R.R. 3
Harris, Mrs. Neil Revere 628 S. 5th St.
Hostetler, Mrs. Carl 1602 S. Eighth St.
Massanari, Mrs. Walter S. 211 Egbert Rd.
Minter, Mrs. Donald L. 2604 Woodlawn Dr.
Price, Mrs. Robert W. 214 South 6th
Smucker, Mrs. Ernest E. R.R. 5, Bluff Rd.
Stoltzfus, Mrs. Glenn 201 Parmley St.
Troyer, Mrs. Dana O. 1727 S. 13th St.
Turner, Mrs. J. P. 507 Greene Road
Yoder, Mrs. Marion K. R.R. 6, Box 371
Young, Mrs. R. H. 113 E. Madison St.

Nappanee
(*Zip Code* 46550)

Graber, Mrs. Alvin Ray R.R. 1, Box 216
Kendall, Mrs. F. M. 654 Woodland
Price, Mrs. Douglas 1064 East Walnut St.

Friesen, Mrs. Weldon Middlebury 46540
Quilty, Mrs. Thomas J. ..R.R. 1, New Paris 46553
Fosbrink, Mrs. E. L. 218 S. Huntington, Box 157, Syracuse 46567
Zimmerman, Mrs. W. H.
R.R. 2, Box 31, Syracuse 46567

Wakarusa
(*Zip Code* 46573)

Abel, Mrs. Robert Box 297 E. Waterford
Guttman, Mrs. John B. 109 Broadview Dr.
Miller, Mrs. James R. ..306 W. Waterford, Box 446

Lundt, Mrs. Milo Oliver
R.R. #3, Box 92, Edwardsburg, Mich. 49112
Durham, Mrs. Thomas E.
101 Edwards Rd., St. Petersburg, Fla. 33705

FAYETTE-FRANKLIN COUNTIES

Brookville
(*Zip Code* 47012)

Seal, Mrs. Perry F. 901 Main

Cambridge City
(*Zip Code* 47327)

Mendoza, Mrs. Felicisimo 710 Parkway Dr.

Connersville
(*Zip Code* 47331)

Angeles, Mrs. Armando E. Highland Drive
Clark, Mrs. Helen Nevin 401 Western Ave.
Ellis, Mrs. George M. 108 East 10th St.
Hirsch, Mrs. Theodore
3600 Western Ave. Apt. 134-D
Hudson, Mrs. Arlington M. Alquina Rd.
Kauffman, Mrs. Robert W. R.R. 2
Kerrigan, Mrs. William F. R.R. 6
Lockhart, Mrs. Jack M. Golf Manor Dr., R.R. 6
Mazdai, Mrs. Abou 908 Morning Glory Lane
Mountain, Mrs. Francis B. 320 Center Dr.
Neukamp, Mrs. Frank H. R.R. 6
Sanders, Mrs. Bertram 1533 Virginia Ave.
Steinem, Mrs. Joseph L. R.R. 3
Taube, Mrs. Robert 1 Stoneybrook Ln. R.R. 2
Watterson, Mrs. Gerald T. 1704 Virginia Ave.

FLOYD COUNTY

Jeffersonville
(*Zip Code* 47130)

Receveur, Mrs. Paul E. 472 Gutford Road

New Albany
(*Zip Code* 47150)

Ahmad, Mrs. Waheed 1524 Sunset Dr.
Barbee, Mrs. John 1532 Sunset Drive
Baxter, Mrs. J. W. 426 Woodrow Ave.
Best, Mrs. Maurice M. 1233 Vance Ave.
Bowman, Mrs. Leon 927 Pennwood Dr.
Brown, Mrs. K. H. 1654 Hedden Park
Buchman, Mrs. Marshall 1824 State St.
Bundy, Mrs. Vernon 1303 Ridgeway Ave.
Cannon, Mrs. Daniel H. 1201 E. Spring St.
Cook, Mrs. Melvin 2505 Glenwood Park
Edwards, Mrs. W. F. 1116 Savannah Dr.
Garner, Mrs. William H., Jr. 1510 Sunset Dr.
Ginsherman, Mrs. A. 1827 State St.
Habermel, Mrs. John 908 E. Spring St.
Harlowe, Mrs. Stuart E. 15 Trimingham Rd.
Hess, Mrs. P. Patrick 1313 Ridgeway Ave.
Irigoyen, Mrs. David E. 101 Adams
Johnson, Mrs. William V. 1540 Sunset Dr.
LaFollette, Mrs. Donald R. Box 494-1, R.R. 2, Quarry Road
LaFollette, Mrs. Robert E. 2515 Glenwood Ct.
Nedelkoff, Mrs. Bogdan R.R. 2, Box 500
Paris, Mrs. John M. 2003 Lindbergh Ct.
Pope, Mrs. Howard 1003 Castlewood Dr.
Ruoff, Mrs. William 1349 Grable Ct.
Sonne, Mrs. Irvin H. 1546 Sunset Dr.
Streepey, Mrs. Jefferson I. 502 Kenzie Rd.
Wallace, Mrs. Elmer L. 1427 Slate Run Rd.
Wolfe, Mrs. Morton F. 2533 Glenwood Ct.
Wolfe, Mrs. Nelson A. 2007 Graybrook Lane
Worley, Mrs. H. L. 1923 DePauw Ave.

Bickers, Mrs. Everett E.
Rt. 3, Box 572, Floyds Knobs 47119
Higgins, Mrs. John R.
Rt. 3, Box 572, Floyds Knobs 47119
McCullough, Mrs. James
Box 447, Skyline Drive, Floyds Knobs 47119
Receveur, Mrs. Robert E.
R.R. 1, Box 50-A, Floyds Knobs 47119

FULTON COUNTY

Miller, Mrs. Virgil C. P. O. Box 37, Akron 46910
Kraning, Mrs. Kenneth K.
834 West Shore Dr., Culver 46511
Rosero, Mrs. M. Geo. Kewanna 46939

Rochester
(*Zip Code* 46975)

Del Roserio, Mrs. P. G. 1600 Jefferson
Herendeen, Mrs. Elbie V. ...317 W. Seventh St.
Knochle, Mrs. Wayne R.R. 2, Box 119-A
Richardson, Mrs. Chas. L. R.R. 2, Box 276
Richardson, Mrs. Joseph D. R.R. 2
Rowe, Mrs. Howard H. 417 W. Ninth St.
Stinson, Mrs. Dean K. 1318 Main St.

GIBSON COUNTY

Marchand, Mrs. Edwin V. ..5700 Ward Rd. Evansville 47715
Pruitt, Mrs. Donald Rt. 8, Box 144, Evansville 47711
Geick, Mrs. Raymond G. ..207 N. Main, Ft. Branch 47533

Oakland City
(*Zip Code* 47560)

Dye, Mrs. William E. W. Oak St.

Princeton
(*Zip Code* 47570)

Carpentier, Mrs. Harry F. 319 E. State St.
Folck, Mrs. John K. 528 N. Main St.
Graves, Mrs. Orville M. 125 W. Walnut St.
McElroy, Mrs. Robert S. 404 W. Walnut St.
Peck, Mrs. James F. 605 W. Monroe St.
Weitzel, Mrs. Roland E. 309 W. Spruce St.
Wells, Mrs. William R. Zimmerman Dr.

GRANT COUNTY

Marion
(*Zip Code* 46952)

Abell, Mrs. Charles F. 717 Jeffras Ave., P.O. Box 95
Alderfer, Mrs. Henry 919 Euclid Ave.
Ansbacher, Mrs. Stefan 1115 Overlook Rd.
Ayres, Mrs. W. W. 1807 Hawthorne Rd.
Beck, Mrs. Thomas 2234 South Road 600 W. Road
Belcher, Mrs. Alan D. 5021 N. Peconga Dr.
Bloom, Mrs. Ward 610 River Dr.
Botkin, Mrs. James 2611 Beech Lane
Bourke, Mrs. Wm. W. 1211 Euclid Ave.
Brandes, Mrs. David 1425 E. Bocock Rd.
Brown, Mrs. Robert M. 825 Euclid Ave.
Chaney, Mrs. Robert D. 1326 Woodland Dr.
Comeau, Mrs. Wm. J., Jr. 918 Hawthorne Rd.
Davis, Mrs. Joseph B. 1315 Sheridan Rd.
Davis, Mrs. Merrill S. 723 Euclid Ave.
Dunbar, Mrs. Fred E. 902 Hawthorne Rd.
Fisher, Mrs. Henry 3940 W. 300 S.
Fisher, Mrs. Pierre J., Jr. 911 Overlook Rd.
Fuelling, Mrs. James 4285 North Road, 210 East
Ganz, Mrs. Max 904 Jeffras Ave.
Glock, Mrs. Douglas 2380 E. Marksara Dr.
Goldburg, Mrs. B. Richard 904 Chapel Pike
Goldsmith, Mrs. David 2711 River Rd.
Grant, Mrs. M. Arthur 3602 Wildwood Dr.
Guevara, Mrs. Teodoro 607 Windsor Dr.
Hemphill, Mrs. Roger 1609 Chapel Pike
Hummel, Mrs. R. M. 2411 Lommel Lane
Jackson, Mrs. Robert F. 1207 Northwood
Jarrett, Mrs. John C. 3418 Wildwood Dr.
Jova, Mrs. Silvio R. Staff Quarters 38 VA Hosp.
Kershner, Mrs. Charles R. 915 Wabash Ave.
Khalouf, Mrs. Herbert C. 1204 Overlook Rd.
Lahr, Mrs. Richard 815 Jeffras Ave.
Lavengood, Mrs. Russell W. 801 W. 4th St.
Long, Mrs. Max 910 Spencer Ave.
Manalo, Mrs. Francisco S. 801 Jeffras
Miller, Mrs. H. Allison 1010 W. Fourth St.
Musselman, Mrs. L. K. 6713 E. 200 S.
Pattison, Mrs. John D. 1315 Elm Lane
Pearcy, Mrs. Marcene
2970 North Road, 220 East, R.R. 7
Powell, Mrs. J. P. 2179 E. Charles Rd.
Rajachar, Mrs. Mathikere 1725 Saxon Dr.
Raju, Mrs. S. Gopal 7070 Clark Pl.
Reid, Mrs. James D. 932 Gustave Pl.
Renbarger, Mrs. Lester 2111 Wabash Pike
Rhamy, Mrs. Donald E. 310 N. Charles Rd.
Rhorer, Mrs. John G. 711 Wabash Ave.
Shah, Mrs. Ajit 1705 Scenic Pl.
Shuck, Mrs. William, Jr. 1114 Overlook Rd.
Simmons, Mrs. Frederick H. 2607 Beech Lane
Skomp, Mrs. Claud E. 1123 Euclid Ave.
Smith, Mrs. Barton T. 515 Val Lane
Smith, Mrs. Evrett E. R.R. 1, 5089 Peconga
Smyrniotis, Mrs. Frank E. 912 Berkley Dr.
Snowhite, Mrs. Arthur B. 610 Cardinal Lane
Tavenner, Mrs. Michael 30-B VA-Hospital
Urgena, Mrs. Regino 5857 N. 500 W.
Vinluan, Mrs. T. S. 1305 Lincolnshire Blvd.
Walton, Mrs. R. Lee 607 Cardinal Lane
Warren, Mrs. Carroll B. 1200 Quarry Rd.
Wilson, Mrs. Ned A. 2455 River Rd.

Shrock, Mrs. E. E. Box 187, Amboy 46911
Carag, Mrs. Vincent E.
8383 W. Delphi Pk. Converse 46919
Malott, Mrs. Fred ..105 W. Marion, Converse 46919
Yale, Mrs. Charles .524 S. Main St., Fairmount 46928
Garrison, Mrs. L. J. 515 E. Main St., Gas City 46933

Koontz, Mrs. William A. 334 E. Main, Gas City 46933
Shoemaker, Mrs. Richard L. 604 N. Third St., Gas City 46933
Baskett, Mrs. R. J. 412 S. Main St., Jonesboro 46938
Taylor, Mrs. E. C. ..226 E. Anson, Upland 46989
Rifner, Mrs. Eugene ...1051 N. 500 E, Van Buren 46991
Rhamy, Mrs. Arthur P. ...R.R. 5, Wabash 46992
Thompson, Mrs. B. Jay R. 5, Box 61-C, Wabash 46992

HANCOCK COUNTY

Greenfield
(*Zip Code* 46140)

Anderson, Mrs. James T. 1302 Bittersweet Drive
Beeson, Mrs. Wilbur 1306 Sherwood Drive
Endicott, Mrs. Wayne 115 McClellan
Farrell, Mrs. John J. North State Rd. 9
Hunter, Mrs. Donn R. 843 Maple Drive
Kinneman, Mrs. Robert 120 McClellan Drive
Kirby, Mrs. Ted C. 122 Grandison Rd.
Moenning, Mrs. John E. R.R. 4, Box 311A
Smith, Mrs. John H. 144 Grandison Rd.
Singco, Mrs. Bienvenido O. 1513 Brunner Drive
Thomas, Mrs. Andrew 8006 Cheswick Drive
Vingis, Mrs. Bronie A. 705 N. State St.

Garrison, Mrs. James Cumberland 46229
Miller, Mrs. Joseph Oaklandon 46236
Kuhn, Mrs. Robert Wilkinson 46186

HENDRICKS COUNTY

Brownsburg
(*Zip Code* 46112)

Baker, Mrs. Glen W. 19 Burns Drive
Black, Mrs. James R.R. 1, Box 167-B
Calhoon, Mrs. John 116 Gordon Ct.
Scudder, Mrs. A. N. 24 N. Grant
Taylor, Mrs. Robert 216 W. Tilden Rd.
Walker, Mrs. Thomas R.R. 1, Box 93-A

Danville
(*Zip Code* 46122)

Cheesman, Mrs. Donald D. Round Hill Ct.
Gibbs, Mrs. Joseph W. 445 E. Mill St.
Heinlein, Mrs. Carl L. 540 S. Cross
Hibbeln, Mrs. Thomas J. 510 E. Rd. 200 S.
Kerlin, Mrs. Joseph 160 Urban St.
Kirtley, Mrs. Robert W. 350 Urban St.
Koch, Mrs. Elmer 301 S. Bowen St.
Terry, Mrs. Lloyd 292 W. Marion
Wagner, Mrs. William R.R. 1, Box 78-19

Ellis, Mrs. L. Hall Lizton 46149
Scamahorn, Mrs. Malcolm O. Pittsboro 46167

Plainfield
(*Zip Code* 46168)

Clark, Mrs. Eric D. R.R. 2, Box 437
Cohen, Mrs. Irving 645 E. Main St.
Hadley, Mrs. David M. 10 Almond Court
Haggard, Mrs. David B. R.R. 2, Box 583
Stafford, Mrs. William C. .P.O. Box 97C, 625 S.E. St.

HENRY COUNTY

New Castle
(*Zip Code* 47362)

Bitler, Mrs. C. C. 603 S. Eleventh St.
Bledsoe, Mrs. James G. Hillsboro Rd.
Brock, Mrs. J. T. 100 Van Nuys Rd.
Burnett, Mrs. Arthur 801 Melody Lane
Campbell, Mrs. Sam W. 901 McCormack Dr.
Donahue, Mrs. Francis 415 Raintree Dr.
Dye, Mrs. Cloyd Rutherford Road, R.R. 5
Easter, Mrs. James N. 520 Edgewood
Fisher, Mrs. John E. 1135 Woodlawn Dr.
Foster, Mrs. Ray T. 420 N. Main St.
Harrison, Mrs. Benjamin L. 233 Bundy Ave.
Heilman, Mrs. William C., Jr. 1112 St. James Ct.
Hill, Mrs. Kenneth G. 707 Leland
KinKade, Mrs. Paul T. 705 Hawthorne Rd.
May, Mrs. A. J. 606 Black Rd.
McDonald, Mrs. Frank C. 365 Trojan Lane
McElroy, Mrs. James S. 1213 Audubon Rd.
McKee, Mrs. Roy G. 606 Fairoaks Rd.
Paz, Mrs. Luis Rutherford Road S., R.R.
Pollack, Mrs. Seymour Box 34
Smith, Mrs. Mark 631 S. 11 St.
Stauffer, Mrs. Geo. E. 2705 S. Memorial Dr.
Steussy, Mrs. Calvin N. 601 Hoosier Dr.
Stout, Mrs. Walter M. 522 S. 12th St.
Stricker, Mrs. Paul J. 719 Fair Oaks Dr.
Vivian, Mrs. Donald E. R.R. 4
Wiatt, Mrs. Leonard P.O. Box 255
Wiggins, Mrs. D. S. 219 S. 12th St.
Wilhelm, Mrs. Guido P. 100 Leland St.

Gatmaitan, Mrs. A. V. 235 E. Carey, Knightstown 46148
Robertson, Mrs. William S. 213 W. Main St., Spiceland 47385

HOWARD COUNTY

Gaboya, Mrs. Ruben R. ...Box 577, Bunker Hill 46914
Smith, Mrs. Charles
10512 Springfield Dr., R.R. 1, Carmel 46032
Denton, Mrs. Larkin D. ...S. Meridian, Greentown 46936

Kokomo
(*Zip Code* 46901)

Adams, Mrs. C. J. 2241 W. Jefferson St. Apt. 127B
Adler, Mrs. Alan J. 1209 Devon Court
Anasco, Mrs. Reynaldo 11801 Crestview Blvd.
Blue, Mrs. Earl Robert 804 Cottonwood Dr.
Bowers, Mrs. Garvey B.
2241 W. Jefferson St. Apt. 128
Bowers, Mrs. John A. 1535 W. Jefferson
Bowman, Mrs. John 3208 Susan Dr.
Brown, Mrs. Richard J. 920 Bellevue Pl.
Choi, Mrs. Stephen S. 1308 Arundel Dr.
Clevinger, Mrs. Wm. 1303 Bagley Drive

Conley, Mrs. Thomas M. 2811 Dellwood Dr.
Craig, Mrs. R. A. 4105 W. Sycamore Rd.
Crawford, Mrs. T. R. P.O. Box 2242
Das, Mrs. Amal K. 3112 Tallyho Dr.
David, Mrs. Delfin P. 4606 Stratford Dr.
Doss, Mrs. Jerome 3209 Susan Drive
Earl, Mrs. Max M. 2210 S. Wabash
Elleman, Mrs. Jack 414 W. Mulberry
Ericson, Mrs. Homer S. 124 Leafy Lane
Ferry, Mrs. Paul J. 1207 W. Sycamore
Fields, Mrs. Donald L. 3304 Tallyho Dr.
Frazier, Mrs. Jack L. 3208 Tallyho Dr.
Fretz, Mrs. Richard 4701 Mayfield Dr.
Golper, Mrs. Marvin N. 411 Morningside Dr.
Granda, Mrs. Armando 109 Rue De Maison
Grothouse, Mrs. Carl B. 925 Bellevue Place
Guin, Mrs. Jere D. 4401 N. Parkway
Halfast, Mrs. Richard W. ...2505 Katherine Ave.
Harshman, Mrs. James ...4100 Millerwood Lane
Higgins, Mrs. Jack W. ..4815 West Sycamore Road
Johnson, Mrs. Darryl L 4435 W. Sycamore Rd.
Longshore, Mrs. Robert 1306 Westbrook Dr.
Lodde, Mrs. Marvin 4200 Millerwood Ln.
McClure, Mrs. Warren N. 900 Arundel Ct.
McIndoo, Mrs. Ralph E. 820 West Walnut St.
Michael, Mrs. Robert L. ...4610 W. Sycamore Rd.
Miethke, Mrs. Richard 2922 Bagley Dr.
Moore, Mrs. John M. 1500 Honey Lane
Myers, Mrs. Ronald L. 5610 Princeton Dr.
Paris, Mrs. Durward W. 2417 S. Lafountain
Perkins, Mrs. P. L. 4101 Millerwood Lane
Pesarillo, Mrs. S. N. 3509 Albright Rd.
Phares, Mrs. Robert W. 1712 S. Malfalfa Rd.
Prather, Mrs. Phillip E. 123 Magnolia Dr.
Radpour, Mrs. Shokri 4300 Millerwood Lane
Rudicel, Mrs. Max W. 321 Kingston Rd.
Ruel, Mrs. G. Marvin 6401 Windwood Dr.
Scherschel, Mrs. Thomas R. 809 Dye Rd.
Schwartz, Mrs. F. C. 5015 W. Sycamore Rd.
Sekulich, Mrs. Milo 4505 N. Parkway
Shenk, Mrs. Earl M. 306 N. Webster
Spangler, Mrs. Jesse S. 2126 S. Webster St.
Tate, Mrs. James 1905 Greytwig
Tignor, Mrs. Sterling P. 3404 Tallyho Dr.
Van Denbark, Mrs. Howard M.
4620 W. Deffenbaugh Rd.
Wachob, Mrs. Tom W., Jr. 1121 Highland Dr.
Watson, Mrs. Leo 2920 Bagley Dr.
Westerfield, Mrs. Gordon L. 2108 Eastbrook Dr.
Wilson, Mrs. Norman K. 1909 Greytwig

Evans, Mrs. Robert W. Russiaville 46979
Quakenbush, Mrs. John P. ..R.R. 1, Sharpsville 46068

JACKSON-JENNINGS COUNTIES

Brownstown
(*Zip Code* 47220)

Gillespie, Mrs. G. R. 701 Commerce
Knotts, Mrs. Slater Lake & Forrest Club
McGill, Mrs. Joel 429 Ashland St.
Palmer, Mrs. Thomas 916 S. Main St.
Scharbrough, Mrs. William 105 W. Summit
Shields, Mrs. Jack 721 W. Spring

Crothersville
(*Zip Code* 47229)

Bard, Mrs. Frank B. 305 E. Howard

North Vernon
(*Zip Code* 47265)

Calli, Mrs. Louis J. 408 S. State
Johnson, Mrs. William A. 318 Jennings St.

Seymour
(*Zip Code* 47274)

Baxter, Mrs. Harry ..710 West Dr., Sunset Pkwy.
Black, Mrs. Joseph M. 671 Braewick Road
Blaisdell, Mrs. William F. 580 Stadium Ct.
Bosch, Mrs. Ralph O. ..930 South Dr., Sunset Pkwy.
Day, Mrs. Durbin 515 W. Sixth St.
Graessle, Mrs. H. P. ..640 East Dr., Sunset Pkwy.
Kamman, Miss Martha 332 W. Oak St.
Linson, Mrs. John C. 1430 Lady Marian Dr.
Martin, Mrs. Guy 204 West Fifth St.
Ripley, Mrs. John W. 2001 Ewing St.
Templeton, Mrs. Ian S. 426 Mutton Creek Dr.
Wiethoff, Mrs. C. A. ..615 West Dr., Sunset Pkwy.

JASPER COUNTY

Rensselaer
(*Zip Code* 47978)

Ahler, Mrs. Kenneth 703 Milroy
Beaver, Mrs. Raymond E. 111 Thompson St.
Ockermann, Mrs. Kenneth R. 202 Home St.

JOHNSON COUNTY

Franklin
(*Zip Code* 46131)

Andrews, Mrs. Hugh K. R.F.D. 4, Box 20, 234 C.A.
Bullers, Mrs. Robert C. 395 S. Home Ave.
Bullington, Mrs. George R.R. 4
Chiu, Mrs. Luke R.R. 1, Box 64
Deppe, Mrs. Charles F. 1215 Park Ave.
Ferrara, Mrs. Joseph F. 1000 E. King St.
Foster, Mrs. Robert H. K. 1025 Orchard Lane
Gannon, Mrs. Anthony R.R. 1, Box 234
Gilliland, Mrs. John 200 N. Water St.
Jones, Mrs. Charles A. 1010 E. Adams Dr.
Murphy, Mrs. Harry E. 422 N. Walnut St.
Nalley, Mrs. James R.R. 5, Box 350L
Palmer, Mrs. Harley P. Forrest Park Dr.
Province, Mrs. Wm. D. 99 N. Water St.
Records, Mrs. Arthur W. 216 E. Jefferson St.
Records, Mrs. John M. 249 E. Jefferson St.
Reynolds, Mrs. Paul R.R. 4
Ritteman, Mrs. George R.R. 3, Box 19A
Roller, Mrs. Mac 1100 Hillview Dr.
Waymire, Mrs. Wm. M. 101 N. Walnut St.

Greenwood
(*Zip Code* 46142)

Brown, Mrs. George E. 410 Brewer Pl.
Link, Mrs. Charles 663 Williamsburg Lane
Machledt, Mrs. John 243 S. Madison
Ogle, Mrs. Robert Valley Ln. Ct.

Sheek, Mrs. Kenneth I. 407 S. Forest Dr.
Small, Mrs. George 1066 Lawn Dale Court
Tiley, Mrs. George 40 N. Madison
Weber, Mrs. Steve 282 Meander Way
Wesemann, Mrs. Merrill M. 109 Carefree Ct., R.R. 2
Young, Mrs. Joseph W. 904 Beech Park Dr.

Deogracias, Mrs. Francisco D. Edinburg 46124

KNOX COUNTY

Vincennes

(*Zip Code* 47591)

Anderson, Mrs. John B. 1222 Forest Hill Dr.
Barrett, Mrs. Thomas L. 2520 Old Orchard Pl.
Bartlett, Mrs. Donald T. 1315 McDowell Rd.
Beckes, Mrs. Ellsworth 220 N. 5th
Black, Mrs. Boyd K. 1108 State Rd. 67N
Buehl, Mrs. Frederick 1911 College Avenue
Bueser, Mrs. Rudsen M. 1643 Spruce Drive
Cantwell, Mrs. E. R. P.O. Box 924
Chattin, Mrs. Herbert O. 729 Main St.
Coffel, Mrs. Melvin
1400 Forest Hills Drive Extension
Combs, Mrs. Daniel J. 1325 McDowell Ave.
Curtner, Mrs. Myron L. 216 N. Sixth St.
Dayson, Mrs. Louie O. R.R. 2
Ewing, Mrs. Nathaniel D. R.R. 3, Box 46
Haswell, Mrs. John N. ...1604 Old Orchard Rd.
Hendrix, Mrs. Charles 1302 Forest Hills Dr.
Herman, Mrs. Daniel John ..Lotus Lane, R.R. 3
Jacqmain, Mrs. Ralph J. Monroe City Rd.
Keller, Mrs. Anthony S. 862 Ridgeway
Lopez, Mrs. Raul E... Main & Ramsey Road, R.R. 4
McCormick, Mrs. H. D. Vincennes Nursing Home
McDowell, Mrs. M. M. 1322 Audubon Rd.
McMahan, Mrs. Virgil C. Monroe City Rd.
Miller, Mrs. Charles L. R.R. 4
Nichols, Mrs. Robert J. 1906 John R. Rd.
Parmenter, Mrs. Harry B. 205 Elm Lane
Reilly, Mrs. James F. 401 Buntin St.
Shanklin, Mrs. Jack L. 1545 Barnett Lane
Shelton, Mrs. Philip 2008 Forbes Rd.
Smith, Mrs. Ralph O. 603 Busseron St.
Snider, Mrs. Donald L. 301 Tulip Lane
Spencer, Mrs. Frederic 902 Perry St.
Stein, Mrs. Richard H. 1209 Old Orchard Rd.
Stewart, Mrs. Frank W. Hillcrest Rd.
Vaughn, Mrs. Walter R. 2018 Prospect Ave.
Welch, Mrs. Norbert M. Monroe City Rd.

Scudder, Mrs. John Edwardsport 47528

LAKE COUNTY EAST CHICAGO—WHITING BRANCH

East Chicago

(*Zip Code* 46312)

Campagna, Mrs. E. A. 2004 Joy Lane
Ernst, Mrs. H. C. 4219 Baring Ave.
Grosso, Mrs. William 4132 Northcote
Niblick, Mrs. James S. 4115 Fir St.

Hammond

(*Zip Code* 463 *plus zone number*)

Barron, Mrs. Elmer A. 6635 Kansas (23)
Cotter, Mrs. Edward R. ..7225 Knickerbocker Pkwy. (23)
Marks, Mrs. Ora L. 7111 Olcott Ave. (23)
Polite, Mrs. Nicholas L. 7320 California (23)
Ramker, Mrs. Daniel T. ...7129 Arizona Ave. (23)
Thegze, Mrs. George A. 7435 Olcott Ave. (23)

Highland

(*Zip Code* 46322)

Beilke, Mrs. Clifford 8723 Parkway Dr.
Dumanian, Mrs. Ara V. 8727 Parkway Dr.
Greenis, Mrs. Jack 8737 Parkway Dr.
Reed, Mrs. Ronald 2100 Kenilworth
Teplinsky, Mrs. Louis 2288 Bordeau Walk

Munster

(*Zip Code* 46321)

Ahn, Mrs. K. J. 1901 Mirmar Rd.
Benchik, Mrs. Frank A. 8326 Hawthorne Dr.
Fleischer, Mrs. J. C. 8345 Northcote
Giragos, Mrs. Henry 8525 Baring
Goldenberg, Mrs. Mitchell 9200 Beech Ave.
Gonzales, Mrs. S. A. 1537 Janice Lane
Greisen, Mrs. J. C. 1836 Fisher Place
Gustaitis, Mrs. John W. 1843 Crestwood
Hadidian, Mrs. Henry 9124 Holly
Jacobo, Mrs. M. J. 1525 Fran-Lin Parkway
Jimenez, Mrs. F. 1147 Azalea Dr.
Keskin, Mrs. I. 1113 Azalea Drive
Min, Mrs. David 1537 Tulip Lane
Semerdjian, Mrs. Aram 8319 Linden
Serna, Mrs. Carlos 1417 McArthur
Urbanski, Mrs. Walter 9250 Foliage
Wooden, Mrs. Thomas F. 8354 Parkview
Zallen, Mrs. S. G. 8342 Hawthorne Dr.

Levin, Mrs. H. J. 44 Graymoor Lane
Olympia Fields, Ill. 60461
Shapiro, Mrs. Joseph .. 1000 Lake Shore Plaza
Chicago, Ill. 60611

LAKE COUNTY— GARY-SOUTH BRANCH

Crown Point

(*Zip Code* 46307)

Han, Mrs. D. 12317 Kingfisher Rd.
Horst, Mrs. W. N. 468 Lake St.
Lytwakiwsky, Mrs. A. 809 126th Ct.

Gary

(*Zip Code* 464 *plus zone number*)

Amico, Mrs. P. J. 2119 W. 50th Place (08)
Bills, Mrs. Robert 534 Lincoln St. (02)
Brincko, Mrs. John 3537 Harrison (08)
Dierolf, Mrs. E. J. 630 Montgomery (03)
Goldstone, Mrs. Arthur 4676 Jefferson Place (08)
King, Mrs. John 4105 Rutledge (08)

Kopcha, Mrs. Joseph E. 650 Pierce St. (02)
Lorenty, Mrs. T. B. 3654 Madison St. (08)
Martino, Mrs. R. S. 3000 W. 55th Ave. (08)
Mather, Mrs. J. 7224 Maple Ave. (03)
Valencia, Mrs. M. M. 7700 Hemlock (03)

Merrillville
(*Zip Code* 46410)

Alvarez, Mrs. Paul 7745 Carolina Place
Doherty, Mrs. R. J. 984 W. 66th St.
Hadey, Mrs. J. 6494 Rutledge
Kolettis, Mrs. J. 6401 Garfield
Mirich, Mrs. E. C. 940 W. 66th Ave.
Mirro, Mrs. John 2712 W. 57th Place
Ornelas, Mrs. Joseph P. 6339 Cleveland St.
Pappas, Mrs. E. T. 6429 Arthur St.
Volan, Mrs. George 5795 Taft Place
Yocum, Mrs. Wm. S. 6411 Ellsworth Place

Saavedra, Mrs. B. R.R. 2, Randolph St. Hobart 46342
Mason, Mrs. Earl J. Box 485 Ogden Dunes Portage 46368
Milos, Mrs. Robert J. 151 Shore Dr. Box 642 Portage 46368

LAKE COUNTY—HAMMOND BRANCH

Hammond
(*Zip Code* 463 *plus zone number*)

Beconovich, Mrs. Robert 6540 Forest Ave. (24)
Blanco, Mrs. R. M. 606 Spruce
Eggers, Mrs. Henry W. 6542 Hohman (20)
Egnatz, Mrs. Nicholas 820 Highland St. (20)
Elledge, Mrs. Ray 6415 Forest (24)
Fischer, Mrs. B. 49 Indi-Illi Park (24)
Grabow, Mrs. E. F. 6501 Moraine (24)
Hack, Mrs. Edmund C. 7147 Olcott St. (23)
Kretsch, Mrs. Russell 7214 Hohman Ave. (24)
Mason, Mrs. Richard L. 6915 Magoun (24)
Neal, Mrs. Leonard W. 7301 Forest Ave. (24)
Palmer, Mrs. B. M. F. 7530 Magoun (24)
Peck, Mrs. Edward A. 6422 Moraine Ave. (24)
Pilot, Mrs. Jean 7137 Knickerbocker Pkwy. (23)
Premuda, Mrs. Franklin 7042 Woodmar (23)
Remich, Mrs. Antone C. 6412 Moraine (24)
Repay, Mrs. Walter A. 7130 Knickerbocker Pkwy. (23)
Rhind, Mrs. A. W. 7126 Forest (24)
Schulfer, Mrs. R. J. 1045 River Drive (24)
Wong, Mrs. Samuel N. 6329 Jackson (24)

Highland
(*Zip Code* 46322)

Gustaitis, Mrs. John 9221 Prairie
Koransky, Mrs. David S. 2256 Bordeaus Walk
Sabo, Mrs. William J. 8926 Waymond Ave.
Steen, Mrs. Lowell H. 8800 Parkway
Tilka, Mrs. Edward C. 8740 Parkway
Willardo, Mrs. Albert T. 8712 Idlewilde

Munster
(*Zip Code* 46321)

Allegretti, Mrs. Michael 8283 Oakwood Ave.
Alt, Mrs. Edward M., Jr. 8309 Oakwood Ave.
Arbeiter, Mrs. Herbert I. 119 Beverly Place
Arrowsmith, Mrs. James L. 8138 Forest
Auburn, Mrs. R. P. 8945 University Dr.
Bleza, Mrs. Maximo T. 1419 River Drive
Bombar, Mrs. Leslie E. 8318 Oakwood Ave.
Branco, Mrs. Arthur M. 1224 Melbrook Dr.
Brenner, Mrs. Howard B. 1426 Oak Park
Cespedes, Mrs. Carlos 1102 Franklin
Cha, Mrs. Jin S. 1024 Holly Lane
Chael, Mrs. Thomas C. 8329 Linden
Costello, Mrs. Albert J. 1404 Fisher
Delacotera, Mrs. Fred 1205 Melbrook
Deporter, Mrs. Louis 1448 Melbrook Dr.
Downs, Mrs. Kenneth 1106 Fran Lin
Egnatz, Mrs. Charles Dyke 1217 Melbrook Dr.
Espino, Mrs. Jose C. 8523 Forest
Estacio, Mrs. Romeo Y. 9142 Chestnut
Farinas, Mrs. C. P. 1330 Fran Lin Drive
Fitzpatrick, Mrs. W. J. 9131 Walnut Drive
Fox, Mrs. Jack M. 1448 Oak Park Drive
Friedman, Mrs. I. E. 11 Beverly Place
Gomez, Mrs. Cesar M. 9429 Northcote
Halum, Mrs. Ramon G. 8600 Jefferson
Harvey, Mrs. David M. 8250 Linden
Heiber, Mrs. F. R. 9201 Beech
Helms, Mrs. Charles E. 9300 White Oak
Hirsch, Mrs. Melvin L. 1111 MacArthur
Husted, Mrs. Robert G. 7905 Calumet
Kelly, Mrs. G. G. 1335 Elliott Dr.
Kenny, Mrs. Francis D. 8131 Forest Ave.
Kott, Mrs. Alexander 1333 Melbrook Dr.
Kuhn, Mrs. Arthur 1535 35th St.
Lanman, Mrs. John U. 1321 Elliott Dr.
Lautz, Mrs. Herbert A. 7943 Forest Ave.
Madlang, Mrs. R. M. 7750 Hohman Ave.
Mansueto, Mrs. Mario D. 1328 Park Drive
Marks, Mrs. Salvo P. 8320 Parkview Ave.
Marshall, Mrs. W. J. 1306 Elliott Dr.
Mason, Mrs. J. C. 1440 Fisher
Mintz, Mrs. Alfred M. 1841 Lambert Lane
Modjeski, Mrs. Raymond J. 1824 Camellia
Montes, Mrs. Herminio Y. 7915 Hohman
Morris, Mrs. W. H., Jr. 8044 Forest Ave.
Pamintuan, Mrs. F. G. 9130 Walnut
Panares, Mrs. R. R. 1826 Ada Lane
Patel, Mrs. D. A. 1129 MacArthur
Paul, Mrs. Eudell G. 7905 Hohman Ave.
Polydefkis, Mrs. D. 8825 Crestwood
Raymundo, Mrs. L. C. 1129 Melbrook
Rosenthal, Mrs. G. 8330 Schreiber Dr.
Roth, Mrs. L. 1504 Park Drive
Row, Mrs. P. Q. 1926 Camellia Apt. 2B
Sabina, Mrs. Robert E. 1901 Azalea Drive
Santare, Mrs. V. J. 1336 Melbrook
Serrano, Mrs. Jose F. 1541 Melbrook
Shah, Mrs. R. L. 1115 Bluebird
Shetty, Mrs. D. M. 1814 Oriole
Smith, Mrs. Jerald 1234 Melbrook
Smitley, Mrs. Roger P. 1519 Janice Lane

Sri-Uthayopas, Mrs. Prasit 8822 Baring
Sroka, Mrs. Stanley J. 8516 Hawthorne
Tetalman, Mrs. M. R. 1804 Camellia
Urba, Mrs. V. 1912 Lambert Lane
Valderrama, Mrs. Hugo 1325 MacArthur
Vandertoll, Mrs. D. J. 8211 Madison
Wang, Mrs. T. C. 1327 Ridgeway

Rudolph, Mrs. Franklin G. 13318 Chase
Crown Point 46307
Gross, Mrs. Joseph 730 Roy St., Dyer 46311
Lopez, Mrs. Filemon P. 2162 Hart, Dyer 46311
Feldman, Mrs. Howard E. 1732 Mansard Blvd.
Griffith 46319
Lundeneberg, Mrs. Ralph A. 1211 N. Harvey,
Griffith 46319
Modjeski, Mrs. J. R. 1707 N. Arbogast Apt. 1F
Griffith 46319
Dimitroff, Mrs. Lambro 500 River Oaks Drive
Calumet City, Ill. 60409
Tyrrell, Dr. Sallie 1066 Forest Hills
Calumet City, Ill. 60409
Feldner, Mrs. Ronald P. 17717 Bernardine
Lansing, Ill. 60438
Tyrrell, Mrs. Joseph J. 1038 E. 153rd
S. Holland, Ill. 60473

LaPORTE COUNTY—LaPORTE UNIT

LaPorte

(*Zip Code* 46350)

Backer, Mrs. G. P. 1533 Michigan Ave.
Carter, Mrs. Fred S. 2108 Mustang Dr.
Datzman, Mrs. Basil J. 1421 Indiana Ave.
Durham, Mrs. Lowell J. 205 Forest Dr.
Farnsworth, Mrs. S. A. 214 Lake Shore Dr.
Hagenow, Mrs. Charles F. 66 Keston Elm Dr.
Kelsey, Mrs. Robert M., Jr. 1305 Indiana Ave.
Kepler, Mrs. Robert W. P.O. Box 37
Kim, Mrs. Joon S. 1817 Michigan Ave.
Larson, Mrs. Goyt O. 902 E. 18th St.
Mladick, Mrs. Edward A. 314 Holton Rd.
Moore, Mrs. William G. 1532 Michigan Ave.
Moosey, Mrs. Louis 2007 Michigan Ave.
Mueller, Mrs. Edwin C. 117 Evergreen Dr.
Oak, Mrs. David D. 1104 Andrew Ave.
Philbrook, Mrs. Seth S. 212 Forest Dr.
Richter, Mrs. John C. 2020 Beechwood Ct.
Sanchez, Mrs. Jose 2424 Monroe St.
Scott, Mrs. John S. 508 Lakeshore Dr.
Scupham, Mrs. William K. 1411 Indiana Ave.
von Asch, Mrs. George 2030 Michigan Ave.
Young, Mrs. Lee N. 2102 Mustang Dr.
Zahrt, Mrs. Frank 398 Oak Drive

LaPORTE COUNTY—MICHIGAN CITY CHAPTER

Michigan City

(*Zip Code* 46360)

Arney, Mrs. Amos 3020 Northmoor Trail
Balinao, Mrs. Ruben 2008 Somerset Rd.
Bankoff, Mrs. Milton 307 Kenwood Place
Berkson, Mrs. Myron 445 Boyd Circle
Fargher, Mrs. Francis Pottawatamie Park
Frost, Mrs. Robert 3215 Cleveland Ave.
Gardner, Mrs. M. D. 1520 E. 8th
Hay, Mrs. Gene R. 3015 Maple
Hoit, Mrs. Leonard 538 Boyd Circle
Houck, Mrs. Richard 2940 Mt. Claire
Jensen, Mrs. James 1511 Wabash
Jones, Mrs. King 1010 E. Coolspring
Kroczek, Mrs. Stephen 105 Breckenridge Dr.
Kubik, Mrs. Frank J. 218 Friendship Trail
Luce, Mrs. John W. 311 Garden Trail
Mannion, Mrs. Rodney A. 2016 Juneway Dr.
Marske, Mrs. Robert L. 2920 Roslyn Trail
Moreira, Mrs. Al 2027 Somerset Rd.
O'Brien, Mrs. Raymond J. 220 Kenwood Place
Paul, Mrs. Leonard G. 3023 Mayfield Way
Potter, Mrs. Brian 3305 Pottowattomie Trail
Phillips, Mrs. John J. Duneland Beach
Stark, Mrs. William A. 2821 Elbridge Way
Ticsay, Mrs. Bienvenido Pottawattomie Estates
Walters, Mrs. William 105 Valentine Ct.
Weiss, Mrs. Albert E.
Arrowhead Trail, Duneland Beach

LAWRENCE COUNTY

Bedford

(*Zip Code* 47421)

Austin, Mrs. Richard P. 1315 15th St.
Azzam, Mrs. Roshdi A. 130 Woodhill Dr.
Bennett, Mrs. E. Dick L. Brook Knoll
Crosby, Mrs. Reid C. 11 Saddler Court
Dino, Mrs. Florian 4 Hillcrest Circle
Girgis, Mrs. M. H. 1805 Central Ave.
Gonzalez, Mrs. Raul C. Brook Knoll
Huber, Mrs. Richard G. 219 Sycamore Dr.
Kaderabek, Mrs. Donald J. 1734 Saddler Dr.
Kerr, Mrs. Donald M. 1415 20th St.
Morrow, Mrs. Robert J. R. 5, Brook Knoll
Mount, Mrs. James L. 1428 14th St.
Pless, Mrs. John E. Brook Knoll
Sera, Mrs. Segundo R. 2006 Circle Court
Waldo, Mrs. Guy H., Jr. R. 5, Brook Knoll
Woolery, Mrs. Richard H. 2020 Denson Ave.

MARION COUNTY

Link, Mrs. Goethe Box 84, Brooklyn 46111
Taylor, Mrs. Robert L. 216 W. Tilden
Brownsburg 46112
Doran, Mrs. J. Hal
R.R. 2, Box 76 F, Brownsburg 46112
Habegger, Mrs. E. Dale R.R. 2, Box 116
Brownsburg 46112

Carmel

(*Zip Code* 46032)

Balch, Mrs. James F., Jr. 1811 Hamilton Ln.
Carlson, Mrs. Milton 12415 Brookshire Pkwy.
Chapman, Mrs. William E. ..11031 Lake Shore E. Dr.
Clutter, Mrs. David R. 5920 Bunty Ln.
Cooper, Mrs. David F. 23 Lakeshore Ct.

Cravens, Mrs. Robert 12004 Brookshire Pkwy.
Foster, Mrs. Lee N. R.R. 2, Box 428
Harding, Mrs. M. Richard 3034 Wood Spring Dr.
Hasewinkel, Mrs. Carroll W. R.R. 2, Box 354
Jontz, Mrs. Jon P. 11929 Forest Drive
Karsell, Mrs. William A. 10518 Hussey Lane
Kingsbury, Mrs. David H. 10 Arrowae Dr. Apt. E
Klutinoty, Mrs. George 11108 Lake Shore E. Dr.
Lang, Mrs. Jay W. R.R. 2, Box 303A
Lord, Mrs. Thomas J. 10435 Hussey Ln.
McPike, Mrs. Joe D. 44 Horseshoe Lane
Masbaum, Mrs. Ned P. 6 Rolling Springs Ct.
Permer, Mrs. Erwin R.R. 1, Box 619-F
Price, Mrs. David 10726 Lakeview Dr.
Ragan, Mrs. William D. 11416 Lakeshore Dr. E.
Seaman, Mrs. Charles F. 1919 Jackson Rd.
Stoelting, Mrs. Robert K. 11424 Dona Drive
Teter, Mrs. George 11505 Lakeshore Dr. E.
Thatcher, Mrs. Hugh K., Jr. 11318 Dona Dr.
Van Meter, Mrs. C. Powell 840 Indian Trails
Van Tassel, Jr., Mrs. C. J. R.R. 2, Box 411G
VanCampen, Mrs. Warren M.
11422 Lakeshore Dr. E.
Wheeler, Mrs. Edward C. 11819 Eden Glen Dr.

Cockrell, Mrs. D. Kete
785 Brookview Dr., Greenwood 46142
Feeney, Mrs. Martin T. ...772 Brookview Dr., Greenwood 46142

Indianapolis

(*Zip Code* 462 *plus zone number*)

A

Albertson, Mrs. Frank 5318 N. Bosart (20)
Allen, Mrs. Robert K. 737 Sherwood Dr. (40)
Alvis, Mrs. David 740 W. Kessler Blvd. (08)
Alvis, Mrs. Edmond O. 474 W. 92nd St. (60)
Antreasian, Mrs. Berj. ...5517 Far Hill Rd. (26)
Appel, Mrs. Richard H. 122 E. 61st St. (20)
Applegate, Mrs. Geo. W. 9033 Buckeye Ct. (60)
Arnold, Mrs. Robert D. 8007 E. 20th St. (19)
Asher, Mrs. James W. 8407 Moore Rd. (78)
Atz, Mrs. William A. 822 Boulder Rd. (27)
Avery, Mrs. George O.
5321 Kessler Blvd. N. Dr. (08)

B

Bachmann, Mrs. Arnold J. ...1615 Oles Drive (8)
Bader, Mrs. Joseph 6457 Bramford Court (56)
Bakemeier, Mrs. Otto H. ...5535 E. St. Clair St. (19)
Ball, Mrs. Joseph E. 6612 E. Ninth St. (19)
Barnes, Mrs. Gilbert H. ...5513 Hedgerow Dr. (26)
Bastnagel, Mrs. William F.
5430 Washington Blvd. (20)
Batman, Mrs. Gordon W. ..6906 N. Delaware St. (20)
Battersby, Mrs. J. Stanley ...6001 Sunset Lane (8)
Bauer, Mrs. Thomas B. 7685 Clarendon Rd. (60)
Baumeister, Mrs. Herbert E. 4421 E. 75th (50)
Beasley, Mrs. Thos. J. 715 E. 70th Place (20)
Beck, Mrs. Evart M. 6445 N. Olney St. (20)
Becker, Mrs. Harry G. ...5641 Haverford Ave. (20)
Beeler, Mrs. John W. 7974 N. Illinois St. (60)
Beering, Mrs. Steven C. ...1730 Brewster Rd. (60)
Belt, Mrs. James H. 8652 Emerald Lane (60)
Benages, Mrs. Anthony 2210 E. 58th St. (20)
Bender, Mrs. Bruce H. 1452 Grube (27)
Benedict, Mrs. Paul F. 2550 Blue Grass Dr. (8)
Bennett, Mrs. James E. ...5865 Hunter Glen Rd. (26)
Benson, Mrs. J. Thomas ..5437 N. Meridian St. (08)
Benz, Mrs. James 7201 Sylvan Ridge Rd. (40)
Berman, Mrs. J. K. 3939 Cooper Lane (08)
Bibler, Mrs. Lester D. ...4360 N. Pennsylvania St. (5)
Blackwell, Mrs. Donald S. ...3322 Lincoln Court (8)
Blake, Mrs. Albert L. 6471 Knyghton Rd. (20)
Blankenbaker, Mrs. Ronald ..5207 Washington Blvd. (20)
Blatt, Mrs. A. Ebner 5330 N. Illinois St. (8)
Boling, Mrs. Fred F. 3849 N. Tansel Rd. (34)
Boling, Mrs. Grover, C., Jr. ..5775 Brookwood Rd. (26)
Bolinger, Mrs. Garry L. 7204 Creekside Ln. (50)
Booth, Mrs. Boynton H. ...5735 Braewick Rd. (26)
Boyce, Mrs. Paul A. 5235 N. Meridian St. (08)
Boyer, Mrs. Floyd A. 136 S. Wittfield St. (29)
Brady, Mrs. Thomas A., Jr. ..225 Wellington Rd. (60)
Brickley, Mrs. Richard A.
4530 Crooked Creek Ridge Dr. (08)
Brillhart, Mrs. James R. 4500 E. 75th St. (50)
Brogan, Mrs. Thomas M. ...9407 Maters Rd. (50)
Brooks, Mrs. Fred 1660 Cunningham Dr. (24)
Brown, Mrs. David E. ...7344 Lakeside Dr. (78)
Brown, Mrs. DeWitt W., Jr. ..4363 Coldspring Rd. (08)
Brown, Mrs. Earl R., Jr. ..5450 Channing Rd. (26)
Brown, Mrs. Gordon T. ...8170 Oakland Rd. (40)
Brown, Mrs. Wendell E. ...3750 N. Gale St. (18)
Brueckmann, Mrs. F. Robert ..5280 Channing Rd. (26)
Bullard, Mrs. J. Roger ...10337 East 52nd St. (36)
Burdette, Mrs. Harold 6310 Glencoe Dr. (60)
Burt, Mrs. Michael R. 3107 Lupine Dr. (24)
Butler, Mrs. John O. 5528 Manker (27)

C

Cahn, Mrs. Peter H. 7025 Hoover Road (60)
Campbell, Mrs. Richard W. 3625 E. 71st St. (20)
Campbell, Mrs. Robert L.
8918 W. 82nd, R.R. #16 (78)
Caputi, Mrs. Saverio ...5115 N. Meridian St. (8)
Cates, Mrs. J. R. 421 Ashford Court (24)
Cattell, Mrs. Lee M. 555 Forest Blvd. (40)
Cavins, Mrs. John A. 6202 N. Sherman (20)
Chattin, Mrs. William R. ...4825 Cavendish Rd. (20)
Chernish, Mrs. Stanley M. ...4403 Radnor Rd. (26)
Christie, Mrs. Marvin C. ..3340 E. Loretta Dr. (27)
Clark, Mrs. Geo. A. 620 Forest Blvd. (40)
Cline, Mrs. Donald L. ...704 Braeside South Dr. (60)
Cobb, Mrs. Clarence M. ...9146 Haverstick Rd. (40)
Coggeshall, Mrs. Warren E. 6305 Bramshaw Rd. (20)
Conway, Mrs. Glenn 2235 E. Garfield Dr. (3)
Cookson, Mrs. L. U. 360 W. 62nd St. (60)
Copher, Mrs. David E. 7960 Fox Run Rd. (78)
Cortese, Mrs. James V. ...6302 Minlo Dr. (27)
Cortese, Mrs. Thomas A., Jr. ..5411 East 56th St. (26)
Cortese, Mrs. Thomas A., Sr. ..3525 Payne Dr. (27)
Costin, Mrs. Robert L. ..8028 Morningside Dr. (40)

Countryman, Mrs. Frank W. ..4140 E. 75th St. (50)
Cronin, Mrs. H. Joseph ..7843 Windcombe Blvd. (40)
Cross, Mrs. David G. ..8131 Michigan Rd. N.W. (68)
Cure, Mrs. Charles W. ..414 W. Kessler Blvd. (08)
Curry, Mrs. R. Louis 7250 N. Chester (40)
Cusick, Mrs. James A. 8829 Rexford Rd. (60)

D

Daley, Mrs. Edward H. .5118 East Dickson Road (26)
Dallas, Mrs. F. R. 3649 E. 71st St. (20)
Dalton, Mrs. Wm. W. 1736 Winchester Dr. (27)
Daly, Mrs. Joseph M. 5969 Singleton Ave. (27)
Daly, Mrs. Walter J. ...3309 Kenilworth Dr. (08)
Darnell, Mrs. Jeffrey 7414 Creekbrook Dr. (27)
Davis, Mrs. Sam J. 230 W. 64th (60)
Deacon, Mrs. Walter Ellis 5037 Guion Rd. (54)
Dearmin, Mrs. Robert M. ..6616 Spring Mill Rd. (60)
DeArmond, Mrs. Albert M.
5401 N. Delaware St. (20)
Deever, Mrs. John W. 6801 S. East St. (27)
Deitch, Mrs. Robert D. ..9064 Dewberry Court (60)
Denny, Mrs. James W.
6633 Spring Brook, N. Dr. (19)
DeWester, Mrs. Gerald M. ..2802 Lindbergh Dr. (27)
Dick, Mrs. William H. ...8720 Log Run Dr. S. (34)
Dill, Mrs. Charles W. 4111 S. Sherman Dr. (27)
Dolan, Mrs. Patrick A. 9038 Chestnut Ct. (60)
Donahue, Mrs. James 945 Spannwood Rd. (08)
Donato, Mrs. Albert M. ...5915 Lawrence Dr. (26)
Doughty, Mrs. Samuel R. ...5258 Channing Ct. (26)
Douglas, Mrs. William T. ..5737 Wildwood Ave. (20)
Dryden, Mrs. Gale E. ...5835 N. Tacoma Ave. (20)
Dugan, Mrs. John R. 5747 Rolling Ridge Rd. (20)
Dugan, Mrs. William ..8186 N. Pennsylvania (40)
Dugan, Mrs. William M. ...5843 Brockton Dr. (20)
Dunkin, Mrs. Ramon S. 5916 Lieber Rd. (8)
Dyar, Mrs. Edwin W., Jr. 120 Arden Dr. (20)
Dyke, Mrs. Richard W. 542 W. 83rd St. (60)

E

Eastman, Mrs. Joseph R., Jr. ..220 W. 64th St. (60)
Eaton, Mrs. Edwin R. ..7334 Glenview, W. Dr. (50)
Eaton, Mrs. Lyman D. 10119 Hamilton Hills Lane (50)
Echt, Mrs. Charles R. 9065 Pickwick Dr. (60)
Edmands, Mrs. Robert E. 581 King Dr. (60)
Edwards, Mrs. David J. ...6840 Kingman Drive (56)
Egbert, Mrs. Herbert L. 419 W. 63rd St. (60)
Eicher, Mrs. Palmer O. ..4401 N. Washington Blvd. (5)
Elkins, Mrs. James P. 2045 Lick Creek Dr. (03)
Elliott, Mrs. Daniel R. ..7610 Candlewood Lane (50)
Ellis, Mrs. Bert E. 3910 E. 57th St. (20)
Ellis, Mrs. Forrest D. 4621 Melbourne Rd. (08)
Ellis, Mrs. William N. ..7515 Brookview Circle (50)
Emhardt, Mrs. John T. 3305 Brill Rd. (27)
Evans, Mrs. Paul V. ..3715 E. Briarwood Dr. (40)

F

Fechtman, Mrs. William F. 7980 High Dr. (40)
Ferrara, Mrs. Thomas A. ...5229 Leone Place (26)
Finneran, Mrs. Joseph C. 1250 E. 80th St. (40)
Fischer, Mrs. Carl R. ...7204 Kingsford Dr. Apt. B. (60)
Flanders, Mrs. Robert, Jr.
7232 Sylvan Ridge Rd. (40)
Flanigan, Mrs. Meredith B. ..3305 Rutledge Dr. (8)
Flora, Mrs. Joseph O. 5604 Rockville Rd. (24)
Fortuna, Mrs. Frank 533 Mellowood Dr. (17)
Fosgate, Mrs. Harold L. ...4301 E. 38th St. (18)
Foster, Mrs. Lowell G. 4343 Grayson Dr. (08)
Fouts, Mrs. Paul J. 8393 N. Illinois St. (60)
Freed, Mrs. Carl A. ...4334 Springwood Trail (8)
French, Mrs. Richard N., Jr. ..8530 Lamira Lane (34)
French, Mrs. Richard S. 5420 N. Meridian (08)
Fry, Mrs. Robert D. ...6701 N. College, Apt. 505 (20)
Fulton, Mrs. William H. ..1934 Remington Dr. (27)
Funkhouser, Mrs. A. G. ...2505 E. 57th St. (20)

G

Gabovitch, Mrs. Edward R. 595 Holiday Lane (60)
Gabrielsen, Mrs. Ted H. ..20 Meridian Place (05)
Gaddy, Mrs. Nelson 3226 W. 46th St. (08)
Garber, Mrs. J. Neill ...7036 N. Pennsylvania (20)
Gardiner, Mrs. Sprague H. ...330 W. 62nd St. (60)
Gardner, Mrs. Austin L. ..7701 N. Pennsylvania (40)
Gardner, Mrs. Buckman ..530 Willow Spring Rd. (40)
Gardner, Mrs. Norman D. 4925 Buttonwood Crescent (08)
Garner, Mrs. W. Stanley 5850 White Oak Ct. (20)
Garrett, Mrs. Robert A. 95 Wellington Rd. (60)
Gaurano, Mrs. L. M. 4713 Millersville Rd. (26)
Geider, Mrs. Roy A.
5816 Pleasant Run Pkwy., N. Dr. (19)
Geisler, Mrs. Hans E. ...7085 N. Pennsylvania (20)
Gillespie, Mrs. Charles F. ..4530 Berkshire Rd. (26)
Girod, Mrs. Donald A. 6760 W. 79th St. (78)
Glover, Mrs. John L. 6160 Sunset Lane (08)
Goldenberg, Mrs. David B. ...1310 Alderly Rd. (60)
Goldman, Mrs. Samuel ...428 Woodmere Dr. (60)
Gormley, Mrs. Joseph J. 1602 Brewster Rd. (60)
Gosman, Mrs. James H. ..8235 Washington Blvd. (40)
Graber Mrs. Martin 3910 Dundee Dr. (27)
Graham, Mrs. John D. ..6315 Old Orchard Rd. (26)
Grayson, Mrs. Ted L. 8163 Round Hill Ct. (60)
Greene, Mrs. Morgan E. ..2014 Winchester Dr. (27)
Gregory, Mrs. Robert L.
6655 E. Pleasant Run Pkwy, S. Dr. (19)
Greist, Mrs. John H. ..4343 Washington Blvd. N. (5)
Griffin, Mrs. Leslie 3203 W. 57th St. (8)
Griffith, Mrs. Richard S. ..2002 Cunningham Rd. (24)
Grisell, Mrs. Ted L. ..5211 Brendon Ridge Rd. (26)
Grosfeld, Mrs. Jay L. ...7979 N. Meridian St. (60)
Grosz, Mrs. Hanus J. 7233 Lakeside Dr. (78)
Gruber, Mrs. Charles M., Jr.
3102 Kessler Blvd., E. Dr. (20)
Gustafson, Mrs. Gerald S.
5768 N. Pennsylvania St. (20)

H

Hadley, Mrs. David ..5601 N. Pennsylvania St. (20)
Haggard, Mrs. Edmund B. ..5914 N. Emerson Ave. (20)
Hall, Mrs. Frank M. ..7346 Lions Head Drive (60)
Hall, Mrs. Jack H. 5960 Braewick Rd. (26)

Hamburger, Mrs. Richard J. ..1209 Darby Lane (60)
Hampshire, Mrs. Donald R. ..7979 Morningside Dr. (40)
Hann, Mrs. E. Carl ..5218 Laurel Hall Dr. (26)
Hanna, Mrs. Thomas A. 5009 W. 15th St. (24)
Harcourt, Mrs. Robert S. ..5500 E. 56th St. (26)
Harger, Mrs. Robert W. ..46 West 52nd Street (8)
Haslinger, Mrs. Clarence J. ..2818 Barberry Lane (05)
Hatfield, Mrs. Nicholas W. ..5851 E. 54th Pl. (26)
Hawk, Mrs. Edgar A. 7328 Huntington Rd. (40)
Hawk, Mrs. James H. 26 W. Laverock Rd. (08)
Haymond, Mrs. Joseph L.
2745 Crescent Hill Lane (08)
Haynes, Mrs. John T. 4139 Juniper Ct. (50)
Hays, Mrs. Everett L. 2607 Manker Ave. (3)
Healey, Mrs. Robert J. ..5559 Washington Blvd. (20)
Helmen, Mrs. Charles H. 5269 Roland Dr. (08)
Helmer, Mrs. O. M. 5015 N. Illinois St. (8)
Helveston, Mrs. Eugene M. ..7241 Merriam Rd. (40)
Herod, Mrs. Gilbert T. 4741 Boulevard Pl. (08)
Heubi, Mrs. John E. 6904 Park Ave. (20)
Hibbeln, Mrs. Fred P. 8360 Washington Blvd. (40)
Hibbeln, Mrs. Thomas J. 1112 Oakwood Trail (60)
Hill, Mrs. Herbert ..4422 Melbourne, W. Dr. (8)
Himelstein, Mrs. N. Harvey ..5250 Olympia Dr. (8)
Hogan, Mrs. Michael A. ..7514 Brookview Circle (50)
Holland, Mrs. William M.
6996 Washington Blvd. (20)
Hood, Mrs. Ainslee A. ...1810 Rosedale Drive (27)
Hopkins, Mrs. Bruce 1910 E. 109th (80)
Howell, Mrs. Joseph D. 4514 E. 79th St. (50)
Hoyt, Mrs. Millard L. ..5725 Hunterglen Rd. (26)
Hubbard, Mrs. J. D. 4330 Black Oak Dr. (08)
Hull, Mrs. Ronald H. 6252 Bramshaw Rd. (20)
Hummons, Mrs. Francis D. ..4045 Clarendon Rd. (8)
Hunter, Mrs. Charles A. 5218 Nob Lane (26)
Hurteau, Mrs. William W. ...201 West 75th St. (60)
Huse, Mrs. William Murray ...7402 Hazelwood (60)
Hurwitz, Mrs. Robert M. ..8734 Old Town Ln. (60)
Hurwitz, Mrs. Roger ...9079 Dewberry Court (60)
Hutson, Mrs. Richard A. ..7648 Candlewood Lane (50)

I-J

Irwin, Mrs. Glenn W., Jr. ..8025 N. Illinois St. (60)
Iske, Mrs. Paul G. 818 E. 79th St. (40)
Jay, Mrs. James M. 6304 Sycamore Hill (20)
Jesseph, Mrs. John E. ..5230 N. Meridian St. (08)
Jewett, Mrs. Joe H. 5803 Sherman Ave. (20)
Jinks, Mrs. Clifford H. ..6532 Carrollton Ave. Apt. 56 (20)
Johnson, Mrs. A. Cedric, Jr. 4560 Melbourne Rd.
Johnson, Mrs. Earl H. ..4801 Plantation Dr. (50)
Johnson, Mrs. Thomas W. 351 W. 63rd St. (60)
Jones, Mrs. David E. ..5433 Hawthorne Dr. (26)
Jones, Mrs. George ..8933 Southeastern Ave. (39) (Wanamaker)
Joseph, Mrs. Rex M. 620 Hickory Lane (27)
Jowitt, Mrs. Richard H. ..5390 Brendonridge Rd. (26)
Judd, Mrs. Russell L. 5505 Far Hill Rd. (26)

K

Kahn, Mrs. Howard L. 321 W. 62nd (60)
Kaiser, Mrs. James L. 4909 N. Meridian (08)
Katterjohn, Mrs. James C. ..9035 Pickwick Dr. (60)
Keenan, Mrs. George B. ..2015 E. Thompson Rd. (27)
Kendrick, Mrs. Wm. M. 4404 N. Meridian (08)
Kennedy, Mrs. Hunter F. ...5790 E. Michigan (19)
Kennedy, Mrs. Joseph T. ..5316 Brendonridge Rd. (26)
Kenney, Mrs. David B. ..5301 Shorewood Dr. (26)
Kerner, Mrs. Donald J. ...7431 Orinoco Ave. (27)
Kiefer, Mrs. C. Raymond ..3241 N. Alton Apt. A (22)
Kim, Mrs. Kil Chol 5371 E. 74th Pl. (50)
King, Mrs. Harold K. ..5430 Channing Rd. (26)
Kirkhoff, Mrs. Paul J. ...5214 Laurel Hall Dr. (26)
Kissel, Mrs. Wesley A. ...3721 Briarwood Dr. (40)
Klain, Mrs. Benjamin V. ...830 Park Central (60)
Kleit, Mrs. Stuart A. 9016 Buckthorne Ct. (40)
Knowles, Mrs. Charles Y.
7621 Ivywood Dr., Apt. B (50)
Kohlstaedt, Mrs. Kenneth G. ..645 E. 80th St. (40)
Kooiker, Mrs. John E. 1143 W. 75th St. (60)
Koons, Mrs. Karl M., Jr. ..5725 Brookwood Rd. (26)
Kornafel, Mrs. Laddie H. ..6201 College Ave. (20)
Kraft, Mrs. Bennett 7025 Washington Blvd. (20)
Kurlander, Mrs. Gerald J. ..7917 Spring Mill Rd. (60)
Kurtz, Mrs. Philip L. 296 W. 73rd St. (60)
Kurtz, Mrs. Richard ..7570 Morningside Dr. (40)
Kwitny, Mrs. I. J. ..2206-A Boston Court (08)

L

LaDine, Mrs. Clarence B. 5417 N. Meridian (8)
Lamb, Mrs. Emmett B. ...1180 Golden Hill Dr. (8)
Lamb, Mrs. Russell W. ...4636 N. Capitol Ave. (8)
Lamkin, Mrs. E. Henry, Jr. ...41 E. 54th St. (20)
Lasich, Mrs. Anthony R. ...5320 Channing Rd. (26)
Lawrence, Mrs. James M. ..8036 Gunnery Circle (78)
Leffler, Mrs. Wm. T. 250 E. 70th St. (20)
Lehman, Mrs. Evan L. ..5051 Buttonwood Crescent (08)
LeMaster, Mrs. Theodore R. ..5257 Hedgerow Dr. (26)
Leser, Mrs. Ralph U. 5434 Ashurst St. (20)
Levi, Mrs. Leon ...6902 N. Pennsylvania St. (20)
Lewis, Mrs. Paul S. 6380 W. Ohio St. (24)
Lewis, Mrs. Robert J. 5354 Channing Rd. (26)
Lidikay, Mrs. Edward C. 6235 N. Tuxedo (20)
Liebschutz, Mrs. Norman H. .8930 Sourwood Ct. (60)
Lindenborg, Mrs. Paul G. ..6431 Creekside Lane (26)
Lindseth, Mrs. Richard E. ...2903 W. 52nd St. (08)
Lingeman, Mrs. Raleigh E. ..4235 N. Pennsylvania (5)
Lord, Mrs. Glenn C. ...7437 Holliday Dr. W. (60)
Love, Mrs. George N. 5331 Washington Blvd. (20)
Lowe, Mrs. John C. ..6335 Around the Hills Rd. (26)
Luginbill, Mrs. Howard .5736 Brendon Forest Dr. (26)
Lukemeyer, Mrs. George T. ...8395 N. Illinois (60)
Lunsford, Mrs. Thomas E. 215 E. 71st St. (20)
Luros, Mrs. J. Theodore 156 Fairway Dr. (60)

M

McAree, Mrs. Francis E. .5521 Overbrook Circle (26)
McCallum, Mrs. Donald C. ..5610 E. 56th St. (26)
McCallum, Mrs. James J. ...7618 Woodside Dr. (60)
McCallum, Mrs. Robert N. ..1151 Pimbury Ct. (60)
McCarthy, Mrs. Leo J. 532 Wellington Rd. (60)
McCartney, Mrs. Donald H. ..410 East 56th St. (20)
McClain, Mrs. Edwin S. 416 W. 77th St. (60)
McCord, Mrs. George E. ..4308 Thornleigh Dr. (26)
McCormick, Mrs. Charles O., Jr.
4240 Glencairn Lane (26)
McDaniel, Mrs. Edwin C. ...6362 Breamore Rd. (20)
McDougal, Mrs. Bud H 8840 Shagbark Rd. (60)
McDougal, Mrs. Robert A. ..5339 Hedgerow Dr. (26)
McGrath, Mrs. Michael F.
6183 Washington Blvd. (20)
McIntyre, Mrs. James M. ..7360 Hazelwood Ave. (60)
McLaren, Mrs. D. E. 5216 Nob Lane (26)
McNutt, Mrs. Cyrus C. ..8639 Lancaster Rd. (60)
McQuiston, Mrs. Ralph J. ...6120 Lawrence Dr. (26)
Mackey, Mrs. John E. 940 W. 58th St. (8)
Madden, Mrs. Robert J. 1420 Audubon Rd. (19)
Mandel, Mrs. Darrel S. 8011 Lieber Rd. (60)
Mandelbaum, Mrs. Isidore ..803 Springmill Lane (60)
Manion, Mrs. Marlow W. .5132 N. New Jersey St. (5)
Manning, Mrs. Randolph ...202 E. 75th St. (40)
Marshall, Mrs. Albert L., Jr. ...3801 N. Meridian St. (08)
Marshall, Mrs. Cavins R. ..4103 N. Illinois St. (08)
Martin, Mrs. Loren H. .3127 E. 52nd St. Apt. A. (05)
Martz, Mrs. Carl D. 7926 Hawthorne Ct. (26)
Masters, Mrs. John M. 34 E. 46th St. (5)
Masters, Mrs. Robert J. 330 W. 106th St. (90)
Matthew, Mrs. W. Burleigh .4942 Allisonville Rd. (20)
Matthews, Mrs. B. J. 966 North Graham (19)
Matthews, Mrs. William M. ..5215 Knob Lane (26)
Maxam, Mrs. Beverly T. ..6220 Sunset Lane (60)
Mealey, Mrs. John, Jr. 7647 Washington Blvd. (40)
Megenhardt, Mrs. Dennis 4000 N. Meridian (08)
Mercho, Mrs. Jean P. ..5302 Brendonridge Rd. (26)
Michael, Mrs. Isaac E. 5208 Roland Dr. (8)
Middleton, Mrs. H. N. ...3828 Rookwood Ave. (8)
Miller, Mrs. Jerry A. 1430 Brewster Rd. (60)
Miller, Mrs. Jerry R. ..7237 Sylvan Ridge Rd. (40)
Miller, Mrs. Lee H. ..5441 Brendonridge Rd. (26)
Miller, Mrs. Roscoe E. 7400 W. 88th St. (78)
Mitchell, Mrs. Earl N. ..1222 N. Irvington Ave. (19)
Moe, Mrs. John F. 4360 Swanson Dr. (08)
Moore, Mrs. Donald F. ..1315 West 10th Street (7)
Moore, Mrs. Harold T. ..5802 Allisonville Rd. (20)
Moore, Mrs. Thomas S. 9020 Wickham Rd. (60)
Moosey, Mrs. Neale A. ...7303 N. Olney St. (40)
Moran, Mrs. Thomas E. .6730 Yellowstone Pkwy (17)
Moriarty, Mrs. John 6130 Smock Dr. (27)
Morrison, Mrs. Lewis E., II ..5751 Wildwood Ave. (20)
Morton, Mrs. Joseph L. 3272 W. 42nd St. (8)
Morton, Mrs. Philip M. 4475 Sylvan Road (08)
Mosbaugh, Mrs. Phillip G. ..6319 Glen Coe Dr. (60)
Moss, Mrs. H. C. ..4802 North Washington Blvd. (5)
Mothersill, Mrs. M. H. ..3650 N. College Ave. (05)
Mouser, Mrs. Robert W. ..5545 N. Meridian St. (8)
Muller, Mrs. Lullus P. ..5675 Washington Blvd. (20)
Mullinix, Mrs. F. Michael ..7906 Scarborogh Blvd.

N

Nagan, Mrs. Robert F. 555 Somerset Dr. (60)
Nasser, Mrs. W. K. ..5420 N. Grandview Dr. (08)
Nation, Mrs. Robert D.
1101 Kessler Blvd., W. Dr. (08)
Nay, Mrs. Richard M. ..6625 N. Sherman Dr. (20)
Need, Mrs. David J. 530 Phaeton Pl. (27)
Need, Mrs. Louis T. 3627 Bluff Rd. (17)
Need, Mrs. R. L. 6747 Everglades Ct. (17)
Nester, Miss Lena Laura
5324 N. Pennsylvania St. (20)
Newman, Mrs. Daniel M. 7978 N. Illinois (60)
Nie, Mrs. Louis W. ..3525 Delaware Commons (20)
Nohl, Mrs. John M. 5410 Eastridge Dr. (19)
Norris, Mrs. Max S. 8899 Pickwick Dr. (60)
Nourse, Mrs. Myron H. ..8064 Morningside Dr. (40)
Nurnberger, Mrs. John I.
5215 Washington Blvd. (20)

O

O'Brian, Mrs. Earl J.
4525 Crooked Creek Ridge Rd. (8)
Offutt, Mrs. Harry D., Jr. 6640 Dean Road (20)
Olvey, Mrs. Ottis N. ..420 Kessler Blvd. W. Dr. (08)
Olvey, Mrs. Stephen 5323 Washington Blvd. (20)
Overley, Mrs. Toner M., Jr., ..8333 N. Illinois St. (60)
Owen, Mrs. John E. 4429 N. Illinois St. (08)

P

Pantzer, Mrs. John G., Jr. 100 Gregg Rd. (60)
Parks, Mrs. Herbert E. ..5533 Overbrook Circle (26)
Parr, Mrs. Robert L. 4407 Dickson Rd. (26)
Paulissen, Mrs. George T. ..741 E. Markwood (27)
Pauszek, Mrs. Robert B. ..6815 Creekside Lane (20)
Peck, Mrs. Franklin B., Jr. ..8181 Lincoln Blvd. (40)
Peters, Mrs. Robert J. D. ..3203 E. Michigan St. (1)
Pickett, Mrs. Robert D. ..5615-B Roxbury Terrace (26)
Pierce, Mrs. Emmett 1034 N. Bolton Ave. (19)
Pile, Mrs. Stafford, W., Jr. ..8109 Bramwood Court
Pittman, Mrs. John N. 201 W. 106th St. (90)
Pontius, Mrs. Edwin E.
6221 Avalon Lane, East Dr. (20)
Powell, Mrs. Richard C. ..5359 Hedgerow Dr. (26)
Pratt, Mrs. G. B. ..9084 Dewberry Court (60)
Price, Mrs. Francis W. ..550 East Edgewood Ave. (27)
Price, Mrs. James O. Park Hoover Village
6433 Park Central Dr. (60)
Pryor, Mrs. Richard C. ..4730 Cranbrook Dr. (50)

R

Raber, Mrs. Robert M. 265 Williams Ct. (60)
Rademacher, Mrs. Wade 6054 Garver Rd. (08)
Rader, Mrs. George S. 3778 E. 62nd St. (20)
Rafalski, Mrs. Thomas A.
3135 Shady Grove Court (22)

Ramage, Mrs. Walter F. ..5440 Shelbyville Road (27)
Ramsey, Mrs. Frank B. 1401 W. 52nd St. (8)
Rapp, Mrs. George F. 200 Forest Blvd. (40)
Rawls, Mrs. George H. 4226 N. Illinois (08)
Reed, Mrs. Robert G. 8318 Nashua Dr. (60)
Rees, Mrs. Russel C. ..1010 Charleston, W. Dr. (19)
Reid, Mrs. Charles A. ...6506 Madison Ave. (27)
Reitz, Mrs. Lawrence A. 5250 Roland Dr. (8)
Rice, Mrs. Raymond D. 722 Pine Dr. (60)
Rich, Mrs. Richard 5236 Hedgerow Dr. (26)
Ritter, Mrs. Merrill A. 6736 W. 71st St. (78)
Robb, Mrs. John A. ..5151 N. Pennsylvania St. (5)
Robbins, Mrs. Lewis C. ..5838 Carollton Ave. (20)
Robinson, Mrs. Robert J. ...2832 E. Loretta Dr. (27)
Rochlin, Mrs. I. 212 E. 71st St. (20)
Roesch, Mrs. Ryland ...5439 Shorewood Dr. (20)
Rogers, Mrs. Donald L. ..2618 Bluffwood Dr., W. (8)
Romberger, Mrs. Floyd T., Jr. ..10 W. 64th St. (60)
Rosenak, Mrs. Bernard D. .5254 N. Delaware St. (20)
Rosenberg, Mrs. Gabriel J. .840 Spring Mill Lane (60)
Ross, Mrs. Alexander T. ..6050 Knyghton Rd. (20)
Roushdi, Mrs. Hussein A. 5228 Brendonridge Rd. (26)
Rubush, Mrs. John L. 2228 Rome Dr. (08)
Ruddell, Mrs. Keith R. ..1201 Golden Hill Drive (8)
Rudesill, Mrs. Robert L. ..5311 N. Pennsylvania (20)
Ruth, Mrs. Martin L. ...7 N. Colorado Ave. (01)
Ryan, Mrs. Glen V. 3433 W. 46th St. (05)

S

Sage, Mrs. Russell A. ..7531 Morningside Dr. (40)
Sanders, Mrs. Fred ...6154 Forest View Dr. (08)
Schechter, Mrs. John S. ..6333 Glen Coe Dr. (60)
Schlegel, Mrs. Donald M. ...3944 Cranbrook (40)
Schmidt, Mrs. Paul E. 1615 Guildhall Court (60)
Schneider, Mrs. Carl J. ..4819 Round Lake Rd. (05)
Schnute, Mrs. Richard ...752 Round Hill Rd. (60)
Schroeder, Mrs. James E. 7152 Johnson Rd. (50)
Schuchman, Mrs. Gabriel ..5944 Central Ave. (20)
Schulhof, Mrs. Lary ..6438 Columbine Drive (24)
Schuster, Mrs. Dwight ..4503 Washington Blvd. (5)
Scofield, Mrs. John B. 9014 Pickwick (60)
Searight, Mrs. John L. 5830 University (19)
Sedam, Mrs. Herbert L. ..4819 Millersville Rd. (26)
Sellmer, Mrs. George 8760 Driftwood (40)
Sexson, Mrs. Hiram T. ..5455 N. Meridian St. (8)
Shafer, Mrs. Marion R. ...6290 Allisonville Rd. (20)
Shapiro, Mrs. Burton J. ..525 Woodmere Dr. (60)
Sheehan, Mrs. Francis G. ..8436 Browning Dr. E. (27)
Shipley, Mrs. Edward C. ..5504 Hawthorne Dr. (26)
Shumacker, Mrs. Harris B., Jr.
7481 Holliday Dr. E. (60)
Sicks, Mrs. Okla W. 607 E. 82nd (40)
Siderys, Mrs. Harry 9015 Kirkham Ct. (60)
Sigmond, Mrs. Harvey 5548 N. Meridian (08)
Silver, Mrs. Richard ..1114 Frederick Dr. South (60)
Sims, Mrs. J. Lawrence ...3723 N. Gale St. (18)
Sluss, Mrs. David 3657 Washington Blvd. (5)
Smith, Mrs. David E. 2118 Whitewood Ct. (26)
Smith, Mrs. Jerrold R. 2828 Kessler Blvd. N. Dr. (22)
Smith, Mrs. Ray C. Jr.
6405 Landborough, N. Dr. (20)
Smith, Mrs. Richard N. 5786 N. New Jersey (20)
Sobat, Mrs. William 1210 Alderly Rd. (60)
Soper, Mrs. Hunter A. .5325 Green Braes, E. Dr. (34)
Sovine, Mrs. Joe W. ...8182 N. Illinois St. (60)
Spahr, Mrs. John F., Jr.
3014 Green Hills Lane, N. Dr. (22)
Sparks, Mrs. Alan L. 7456 Lions Head Dr. (60)
Spears, Mrs. John M. 6910 Shelby (27)
Spitzberg, Mrs. Daniel H. ..1028 Fairway Dr. (60)
Sputh, Mrs. Carl B., Jr. ..5671 Rolling Ridge Rd. (20)
Stansbury, Mrs. Wm. E. ...5601 E. 21st St. (18)
Stayton, Mrs. Chester A., Jr. ..5580 Washington Blvd. (20)
Steger, Mrs. B. L. 5241 Marott Court (26)
Stephens, Mrs. Donald E. ...5555 Broadway (20)
Stoelting, Mrs. V. K. 4706 Laurel Circle (26)
Stogsdill, Mrs. Willis W. 8950 Shagbark (60)
Stone, Mrs. Alvin T. 6295 N. Tuxedo (20)
Stone, Mrs. William M. 5010 E. 68th St. (20)
Storer, Mrs. William R.
6360 Around the Hills Rd. (26)
Storey, Mrs. D. Edmund
808 Forest Blvd., N. Dr. (40)
Storms, Mrs. Roy B. 5041 Central Ave. (5)
Stouder, Mrs. Stephen R. ..4567 Lincoln Rd. (08)
Strang, Mrs. Wm. C. 7760 Cree Trail (50)
Strickland, Mrs. James W. ..6969 Warwick Rd. (20)
Stucky, Mrs. Elsworth K. ..4528 N. Meridian St. (8)
Stump, Mrs. Thomas 4486 S. Meridian St. (17)
Suelzer, Mrs. John 4538 Sylvan Rd. (8)
Swan, Mrs. John R. 320 Arden Dr. (20)
Symmes, Mrs. Alfred T. 6445 N. Illinois (60)

T

Talbott, Mrs. Dan E. ..6470 N. Michigan Rd. (68)
Taylor, Mrs. Clifford C. .3720 Briarwood Dr., E. (40)
Taylor, Mrs. Frederic W. 40 E. 43rd St. (5)
Taylor, Mrs. Harold F. ...9450 Belle Manor Ln. (60)
Taylor, Mrs. Willis D. 710 E. 73rd St. (40)
Teague, Mrs. Frank W. 555 W. Pine Dr. (60)
Tether, Mrs. J. Edward 4839 E. 56th St. (20)
Tharpe, Mrs. Ray G. 6161 Sunset Lane (8)
Thoman, Mrs. Rex L. 7338 N. Chester (40)
Thomas, Mrs. Charles R. ..9009 E. Southport Rd. (59)
Thomas, Mrs. Fred A. 5827 Broadway (20)
Thomas, Mrs. Lowell I. ...28 W. Hampton Dr. (8)
Thomas, Mrs. Michael ...2110 Winton Ave. (24)
Thomas, Mrs. Morris E. ..6215 Spring Mill Rd. (60)
Thompson, Mrs. Paul D. ..6605 Eden Roc Crest (20)
Thompson, Mrs. Wayne ..6519 Creekside Lane (20)
Throop, Mrs. Frank B. ...5100 Lancelot Dr. (08)
Tinsley, Mrs. Walter B., Jr. ..8432 West 85th St. (78)
Tinsley, Mrs. Walter B., Sr. ..5300 W. 96th Street (68)
Tord, Mrs. Jose N. 8140 Taunton Road (60)
Torrella, Mrs. Jose A. 5721 W. 18th St. (24)
Townley, Mrs. Normand T. ..6211 Harbridge Rd. (20)
Trainer, Mrs. Thomas 9011 Yellowwood Ct. (60)
Trudgen, Mrs. Spencer F. 9085 Pickwick (60)
Trusler, Mrs. H. Marshall ..8750 Coventry Road (60)
Tuchman, Mrs. Joseph H. ..8515 Spring View Dr. (60)
Tushan, Mrs. Faye S. 5668 Brendon Way W. Dr. (26)

U-V

Ullom, Mrs. Ralph 520 Wayside Dr. (60)
Van Hove, Mrs. Eugene D. ..7816 Windcombe Blvd. (40)
Vollrath, Mrs. Victor J. .7980 N. Pennsylvania St. (40)
Von Der Haar, Mrs. Gerrard 5604 Surry Hill Rd. (26)
Vore, Mrs. Robert E. 5350 Marmon Circle (26)

W

Wahle, Mrs. William M. ..1710 Brewster Rd. (60)
Waife, Mrs. S. O. 8140 N. Illinois St. (60)
Wainscott, Mrs. Clinton S. .5332 Channing Road (26)
Waldo, Mrs. J. Thayer 420 W. 64th St. (60)
Walther, Mrs. Joseph E. .4266 N. Pennsylvania St. (5)
Walton, Mrs. William M. ...8007 N. Illinois St. (60)
Warneke, Mrs. Charles H. ..6115 Spring Mill Rd. (08)
Warriner, Mrs. James B. ...990 N. Bolton Ave. (19)
Warvel, Mrs. John H. 1101 W. 91st St. (60)
Waters, Mrs. Geo. E., Jr., ...9321 E. 82nd St. (56)
Webb, Mrs. Michael K. ..7224 Huntington Rd. (40)
West, Mrs. Joseph L. 355 W. 62nd St. (60)
Westfall, Mrs. B. Kemper, Jr.
4001 N. Meridian St. (8)
Wheeler, Mrs. David E. ..6100 Old Shelbyville Rd. (27)
White, Mrs. Donald J. ..7218 Sylvan Ridge Rd. (40)
White, Mrs. Douglas H., Jr.
7405 Frederick Dr. East (60)
White, Mrs. John B. ...5850 High Fall Rd. (26)
Wilkens, Mrs. Irvin W.
4820 E. Pleasant Run Pkwy., N. Dr. (1)
Williams, Mrs. Harold ..5536 Overbrook Circle (26)
Williams, Mrs. Howard S., Jr.
3824 N. Delaware St. (05)
Winters, Mrs. Peter Lee ..5261 N. Pennsylvania (20)
Wirey, Mrs. Harold R. ..4906 S. Sherman Dr. (27)
Wise, Mrs. William R. ..4360 Kessler, N. Dr. (08)
Wishard, Mrs. William N., Jr. ..25 E. 40th St. 7B (05)
Wolfram, Mrs. Don J. ..5716 N. Pennsylvania St. (20)
Wood, Mrs. Donald E. ..6467 W. Holliday Dr. (20)
Woolling, Mrs. Kenneth R. ..5751 Central Ave. (20)
Wrege, Mrs. Malcolm ..5411 Shorewood Dr. (20)
Wrenn, Mrs. Robert E. ..3910 N. Centennial St. (08)
Wright, Mrs. J. Wm., Jr. ...4220 Knollton Rd. (8)
Wyttenbach, Mrs. John E. ..5808 Eastview Ct. (50)

Y-Z

Yacko, Mrs. Michael L. ..5341 N. Channing Rd. (26)
Yingling, Mrs. Robert J. 7601 Silverpine Ct. (50)
Young, Mrs. Eusebio C. ..7801 Rough Cedar Lane (50)
Zerfas, Mrs. Charles 11702 Maze Rd. (59)
Zimmer, Mrs. John F. 8309 Nashua Dr. (60)

Baptisti, Mrs. Arthur .R.R. 3, Box 93, Nashville 47448
Paynter, Mrs. Morris B. 115 White Horse Lane, Noblesville 46060
Bowman, Mrs. George W. 11050 Presbyterian Dr. Oaklandon 46236
Leedy, Mrs. Donald K. ..R.R. 1, Box 218 L, Pittsboro 46167
Tucker, Mrs. Warren S. ..R.R. 1, Box 307, Trafalgar 46181
Gray, Mrs. Howard R. R.R. 1, Box 403, Westfield 46074
Schaffer, Mrs. Edward .R. 1, Box 291, Westfield 46074

Zionsville

(*Zip Code* 46077)

Davidson, Mrs. N. Cort R.R. 2
Kalsbeck, Mrs. John E. R.R. 3, Box 255
Lo Sasso, Mrs. Alvin M. R.R. 3, Box 89-6
Miller, Mrs. John D. R.R. 1, Box 134
Overley, Mrs. Ross Hunt Club Road

MARSHALL-STARKE COUNTY

Hampton, Mrs. James N. R.R. 2, Argos 46501
Kemp, Mrs. W. A. 1006 N. Main, Bourbon
Burket, Mrs. Cecil R. 121 E. Grant St., Bremen 46506
Stine, Mrs. Marshall ..420 Shumaker Dr., Bremen 46506
Hippensteel, Mrs. Russell ..936 South Shore Rd. Culver 46563
Bowen, Mrs. Otis R. Governor's Residence Indianapolis 46204
Henry, Mrs. Howard J. R.R. 1, Knox 46563

Plymouth

(*Zip Code* 46563)

Coursey, Mrs. James 310 N. Michigan
DeJesus, Mrs. Jose R.R. #5
France, Mrs. Lloyd C. R.R. 2
Guild, Mrs. Kent R.R. 5
Kubley, Mrs. James 624 E. LaPorte St.
McClure, Mrs. Clark R.R. 3
Rimel, Mrs. James F. 909 Bayless
Robertson, Mrs. James S. 1081 Highland Ct.

MONTGOMERY COUNTY

Crawfordsville

(*Zip Code* 47933)

Baird, Mrs. Keith 719 West Wabash
Benjamin, Mrs. Samson 7 Twin Oaks
Eggers, Mrs. Richard 203 West St.
Foltz, Mrs. Jack 913 S. Grant St.
Haller, Mrs. Thomas C. 38 Delmar Dr.
Howland, Mrs. Carl B. R.R. 1
Humphreys, Mrs. John W. 1309 Durham Dr.
Kindell, Mrs. Hurschell R. 9
Kirtley, Mrs. James M. 615 Thornwood Dr.
Ludwig, Mrs. Paul E. 675 Sugar Tree Rd.
Peacock, Mrs. Norman F. 111 Wallace Ave.
Richards, Mrs. Edgar E. Danville Rd., R.R.
Shannon, Mrs. Wesley E. 6 Locust Hill Dr.
Viray, Mrs. V. G. 804 North St.
Warbington, Mrs. Fred 403 East Wabash

Blix, Mrs. Fred Ladoga 47954
Rusk, Mrs. Hubert M. Box 36, Wallace 47988
Thompson, Mrs. Claude Waynetown 47990

MORGAN COUNTY

Martinsville
(*Zip Code* 46151)

Alarcon, Mrs. Arcadio Sunnyside Dr.
Bloemker, Mrs. William R.R. 3, Lynn Dr.
Brubeck, Mrs. Robert 789 Valley Drive
Drake, Mrs. Ellery T. Box 110
Eisenberg, Mrs. David ...Box 310, Sunnyside Dr.
Gray, Mrs. Leon 589 Valley Drive N.
Jones, Mrs. William H. ...1910 John Wooden Drive
Mershon, Mrs. Jack Bell 790 Valley Drive
Miller, Mrs. Ray D. R.R. 6, Box 67
Miller, Mrs. Robert J. R.R. 3, Box 180
Ostheimer, Mrs. George 340 E. Cunningham
Turner, Mrs. Maurice A. 490 East Pike St.
Van Wienen, Mrs. John 439 N. Jefferson
Willan, Mrs. Horace R. 109 S. Jefferson

Mooresville
(*Zip Code* 46158)

Bivin, Mrs. James H. 1010 N. Indiana St.
Comer, Mrs. Charles W. R.R. 2
Comer, Mrs. Kenneth E. R.R. 2, Box 276

Murphy, Mrs. Hilda Morgantown 46160
Wilson, Mrs. Oliver R.
Box 65, R.R. 3, Morgantown 46160

NOBLE-LaGRANGE COUNTIES

Mattox, Mrs. Dean L. 1000 Crestview Dr., Angola 46703
Weaver, Mrs. R. Wyatt R.R. 3, Box 146, Angola 46703
Willard, Mrs. Richard D. Howe 46746

Kendallville
(*Zip Code* 46755)

Hepner, Mrs. Herman 408 South Main
Messer, Mrs. Frank W. 328 S. Oak St.
Murray, Mrs. Roger R#1, Kimmel South Shores
Slough, Mrs. Richard B. 111 S. Park Ave.
Stallman, Mrs. Carl F. Sunset Shores, R.R. #3

Studebaker, Mrs. Lloyd R. 325 W. Spring St., LaGrange 46761
Hooker, Mrs. Donald J. 3 Hawthorne Dr., Ligonier 46767
Stone, Mrs. Robert C. ..Ravine Park Dr., Ligonier 46767
Colligan, Mrs. Francis X. P.O. Box 327, Topeka 46571
Lehman, Mrs. Kenneth M. P.O. Box 128, Topeka 46571
Martin, Mrs. Allen S. R.R. 2, Shipshewanna 46565
Fipp, Mrs. A. L. Rome City 46784

PERRY-SPENCER COUNTIES

Bush, Mrs. Hargis R. Sixth St., Cannelton 47520

Tell City
(*Zip Code* 47586)

Lally, Mrs. Bernard 635 10th St.
Lohoff, Mrs. Lewis C. 425 10th St.
Neifert, Mrs. Noel L. 1118 Blum St.
Ress, Mrs. Gene E. 1540 13th St.
Smith, Mrs. Fred, Jr. Smith Hill
Ward, Mrs. Robert A. R.R. 1, Box 412

PUTNAM COUNTY

Veach, Mrs. Richard L. Bainbridge 46105
Viera, Mrs. J. Thomas R.R. 2, Coatesville 46121

Greencastle
(*Zip Code* 46135)

Dettloff, Mrs. F. R. 316 Greenwood
Glock, Mrs. Hugh Albin Pond Rd.
Haggerty, Mrs. Fred 319 Highfall
Hannon, Mrs. Edward J. 206 Hillsdale
Johnson, Mrs. James B. 314 Highfall Ave.
Lett, Mrs. James 335 Greenwood
Marvel, Mrs. Robert R.R. 2
Roof, Mrs. Roger 713 Highridge
Schauwecker, Mrs. Cleon M. R.R. 3
Tipton, Mrs. William R. 103 Northwood Blvd.

RUSH COUNTY

McNabb, Mrs. George B. Carthage 46115
McNabb, Mrs. Richard Carthage 46115
Worth, Mrs. C. Willard Milroy 46156

Rushville
(*Zip Code* 46173)

Corpe, Mrs. Kenneth F. R.R. 4
Ellis, Mrs. Davis W. R.R. 2, Rivercrest
Green, Mrs. Frank H. 516 N. Morgan
McKee, Mrs. Harry G. 1109 N. Arthur St.
McKee, Mrs. Harry 1110 N. Morgan St.
Reyes, Mrs. Ordonio 1011 North Oliver St.
Shanks, Mrs. Roy E. 1212 N. Morgan St.

Atkins, Mrs. C. C. R.R. 6, Greensburg 47240

ST. JOSEPH COUNTY

O'Malley, Mrs. Patrick 52256 N. Hickory Rd. Granger 46530
Hamilton, Mrs. Charles O. 66288 Millet Rd. Lakeville 46536
Houser, Mrs. D. S.
24641 N. Riley Rd., North Liberty 46554
Naval, Mrs. Joventino C. ..408 North Main St. North Liberty 46554

Mishawaka
(*Zip Code* 46544)

Barone, Mrs. C. V. 59053 Bremen Highway
Bogan, Mrs. Wm. C. 15641 Robin Lane
Brechtl, Mrs. Harvey J. 54757 Merrifield
Chamberlain, Mrs. Donald S. ...54712 Merrifield Dr.
Dean, Mrs. F. K. 15650 Braintree Way
Friend, Mrs. George B. 2727 Birchwood Dr.

Gabriel, Mrs. Magdi 16529 Baintree Way, Winding Brook
Ganser, Mrs. Richard 1115 Race Street
Gerig, Mrs. E. Lavern 713 W. 11th St.
Orr, Mrs. W. Robert 12388 E. Jefferson Rd.
Phelps, Mrs. Stephen R. ..15655 Winding Brook Dr.
Roberts, Mrs. Billy J. 15605 Hearthstone Dr.
Schaphorst, Mrs. Richard A. ...514 Lincoln Way E.
Spalding, Mrs. David L. 926 Wilson Blvd.
Spalding, Mrs. Wendell L. 60100 S. Fir Rd.
Templeton, Mrs. Ames R. 516 Clay
Tirman, Mrs. W. S. 15640 Winding Brook Dr.
Walerko, Mrs. Frank 15595 Carriage Lane
Walters, Mrs. Charles E. 16166 Ireland Rd.
Whitlock, Mrs. Merle E. 2118 Linden
Wind, Mrs. Joseph 54652 Winding Brook

South Bend

(*Zip Code* 466 *plus zone number*)

A

Acker, Mrs. Robert B. ..103 S. Ironwood Dr. (15)
Aigotti, Mrs. Ronald 5224 N. Lee Ct. (14)

B

Backs, Mrs. Alton J. ..1831 N. Kessler Blvd. (16)
Bartsch, Mrs. Harvey L. ..61397 S. Miami Rd. (14)
Beach, Mrs. Norman 1617 Inwood Rd. (12)
Bechtold, Mrs. Samuel E. 17545 Juday Lake Dr. North (35)
Bell, Mrs. H. D. 1357 E. Campeau St. (17)
Bennett, Mrs. Jene R. 1826 Woodmont (17)
Berke, Mrs. Robert D. ..1420 E. Jefferson Blvd. (17)
Bird, Mrs. John 2010 Peachtree Ln. (17)
Birmingham, Mrs. P. J. ..61490 Meadowlark Lane (14)
Bodnar, Mrs. Leslie M. 1843 Portage Ave. (16)
Booth, Mrs. F. M. 3610 Northside Blvd. (15)
Borough, Mrs. Lester D. ..816 Woodside Ave. (14)
Buck, Mrs. Richard C. ..19311 Haviland Drive (37)
Buechner, Mrs. Fred W. ..1111 Sunnymede Ave. (15)
Butts, Mrs. Milton A. 744 N. Jacobs St. (17)
Byler, Mrs. John J. 124 N. Holiday Drive (15)

C

Cassady, Mrs. John R. ...2225 Riverside Dr. (16)
Cassady, Mrs. J. Vernal ...2216 E. Madison (15)
Chamblee, Mrs. Roland W. ..52201 Tally Ho Dr. N. (35)
Clark, Mrs. William H. 1227 Garland Rd. (14)
Condit, Mrs. Myrna 1683 Riverside Dr. (16)
Cook, Mrs. Gordon C. ..1620 Southwood Ave. (15)
Cox, Mrs. Alfred C. 17430 Darden Rd. (35)

D

Davis, Mrs. Edward A. 52820 Kenilworth Rd. (37)
Denham, Mrs. Robert H. ...1515 E. Colfax Ave. (17)
Dingley, Mrs. Albert, Jr. ...1309 E. Wayne St. S. (15)
Dodd, Mrs. Robert D. ...1510 Tudor Lane (14)
Dolezal, Mrs. Bernard J. ...425 W. North Shore Dr. (16)
Dunfee, Mrs. Thomas P. 53118 St. Ables Ct. (35)
Dunlap, Mrs. D. Logan ...123 W. North Shore Dr. (17)

E

Eades, Mrs. R. Charles ..1616 E. Jefferson Blvd. (17)
Edwards, Mrs. Bernard ..1134 Ridgedale Rd. (14)
Egan, Mrs. Sherman L. 944 Riverside Dr. (16)
Engel, Mrs. Howard R. ..1845 Ridgewood Circle (17)
English, Mrs. J. Paul ..3116 Robinhood Lane (14)
Erickson, Mrs. G. Walter ..3012 Robinhood Lane (14)
Erickson, Mrs. Lester G. ...1212 E. Woodside (14)

F

Farner, Mrs. James E. ...3001 Buckingham (14)
Feferman, Mrs. Martin E. ..125 S. Esther St. (17)
Feldman, Mrs. Max 1310 E. Fairview (14)
Filipek, Mrs. Walter J. 52710 Brooktrail Dr. (37)
Fink, Mrs. James N. 52564 Highland Drive (37)
Firestein, Mrs. Ben Z. ..125 W. Marion St. (01)
Firestein, Mrs. Ray ...502 N. Ironwood Dr. (15)
Fish, Mrs. Edson C. 19054 Summers Dr. (37)
Foley, Mrs. Hansel 313 E. Pendle St. (37)
Forrest, Mrs. O. Norman ..1138 E. Wayne St. (17)
Frank, Mrs. Herbert ..2616 S. Twyckenham Dr. (14)
Frank, Mrs. L. L., Jr. 1750 North Wilber St. (16)
Friedman, Mrs. Morris S. ..1617 E. Jefferson Blvd. (17)

G

Gaffney, Mrs. Raymond 6227 Regent Ct. (14)
Galup, Mrs. Luis N. 3619 Hays Ct. (14)
Ganser, Mrs. Ralph 101 N. Conestoga (15)
Gates, Mrs. George E. 1611 South Brook Dr. (14)
Gergesha, Mrs. Edward A. ..1801 E. Bader St. (16)
Graf, Mrs. John P. 53260 Placid Dr. (37)
Green, Mrs. G. Richard ..1515 E. Wayne St. (15)
Green, Mrs. George F. .754 Country Club Lane (15)
Green, Mrs. Norval E. ..1726 E. LaSalle Ave. (17)

H

Haley, Mrs. George M. ..1131 E. Jefferson Blvd. (17)
Harding, Mrs. John S. ...3533 Springbrook Dr. (14)
Harris, Mrs. C. Glenn ...53175 Oakton Dr. (35)
Haugseth, Mrs. Ellsworth K. ..820 N. Ironwood Dr. (15)
Hawkins, Mrs. Glen E. ...17280 Parker Ave. (35)
Helmer, Mrs. John ..315 W. North Shore Dr. (17)
Heyde, Mrs. Edward L. ...17646 Woodridge Ct. (35)
Hildebrand, Mrs. J. O. 3002 Robinhood Lane (14)
Hill, Mrs. Wallace C. ...248 S. Hawthorne (17)
Holloway, Mrs. Richard J. 18799 Arapaho (37)
Holtzman, Mrs. Norman ..1621 Hoover Ave. (15)
Horvath, Mrs. George A. ..18825 Cherokee Lane (37)
Houser, Mrs. Keim T. 1751 Kessler Blvd. (16)
Hyde, Mrs. Carroll C. ...1521 E. Colfax Ave. (17)

J-K

Jankowski, Mrs. Ernest B. ..2230 Ribourde (28)
Kamm, Mrs. Bernard A. ..125 W. Marion St. (01)
Karn, Mrs. John W. 1535 Wall St. (15)
Kim, Mrs. B. J. 2916 Sampson (14)
King, Mrs. R. P. 53336 Bajer Ln. (35)
Krizman, Mrs. David 1226 Portage Ave. (14)
Kuhn, Mrs. Frederick L. 1725 Inwood Rd. (14)

L

Lane, Mrs. William 1336 N. Stanfield (17)
Leipold, Mrs. Jon D. 17673 Darden Rd. (35)

Levatin, Mrs. Bernard I. ..1814 Churchill Dr. (17)
Lionberger, Mrs. John R. 1419 E. Jefferson Blvd. (17)
Liss, Mrs. Emanuel C. 1683 N. Riverside Dr., Apt. B (16)
Lockhart, Mrs. Philip B. ..1611 Wayne St. E. (15)

M

Macias, Mrs. Rafael ..1330 E. Jefferson Blvd. (17)
MacDonell, Mrs. Eldred ...17570 Juday Lake Dr. (35)
MacLeod, Mrs. John K. ...930 Simon Court (15)
Macri, Mrs. Paul A. 2012 E. Cedar (17)
Magnuson, Mrs. Charles W. ...1148 Ridgedale (14)
Marquis, Mrs. Gordon 329 Wakewa (17)
Martin, Mrs. Charles ...1438 Ridgedale Rd. (14)
Mason, Mrs. Bernard A. ...2719 Marine St. (14)
Mauzy, Mrs. Merritt C. ...1403 E. Jefferson (17)
McCraley, Mrs. William J. ..1737 Belmont Ave. (15)
McQuade, Mrs. John ...52361 Portage Hwy. (28)
Metcalfe, Mrs. Grant E. ..101 S. Conestoga Lane (17)
Mitchell, Mrs. Gary A. ..1319 E. Washington St. (17)
Mott, Mrs. C. A. 2733 Lincoln Way West (28)
Mueller, Mrs. Hilbert M. ..3525 Windingwood Dr. (15)

N-O

Napper, Mrs. Karl 3109 Chelsea Ct. (14)
Neher, Mrs. John L. ...17371 Cleveland Rd. (35)
Nelson, Mrs. Raymond E. 1909 E. Madison St. (17)
Nelson, Mrs. Robert ...2810 So. Twyckenham (14)
Odrcic, Mrs. Kazimir J. ..52791 Brooktrails Dr. (37)
Olson, Mrs. Donald T. 1806 Cedar St. (17)
Olson, Mrs. Kenneth L. ...1228 E. Woodside Ave. (12)
Oren, Mrs. William 1149 E. Belmont (15)

P

Parsons, Mrs. Robert ...1464 Ridgedale Rd. (14)
Pascuzzi, Mrs. Chris A. ..1930 Dorwood Dr. (17)
Pauszek, Mrs. Thomas B. ..916 Riverside Dr. (16)
Plain, Mrs. George 17836 Ponader Dr. (35)
Plain, Mrs. George L. 1229 Ridgedale Rd. (14)

R

Rosenheimer, Mrs. George M. ..1425 E. Woodside (14)
Rubens, Mrs. Eli 1240 E. Irvington (14)

S

Sanderson, Mrs. Robert B. ..238 S. Hawthorne Dr. (17)
Sandock, Mrs. Louis F. 1619 E. Jefferson (17)
Schiller, Mrs. Herbert A. ...1813 E. Cedar St. (17)
Scott, Mrs. Frank M. 1220 E. Woodside (14)
Sellers, Mrs. Francis 814 Oakridge Dr. (17)
Sensenich, Mrs. R. L. ..125 W. Marion Apt. 416 (01)
Serwatka, Mrs. James 53230 Bonvale Dr. (35)
Sharp, Mrs. Merle C. ..17780 Waxwing Lane (35)
Shriber, Mrs. Wm. H. 17543 Juday Lake Dr. (35)
Shriner, Mrs. Richard ...53362 Juniper Rd. (37)
Sisson, Mrs. Norval D. 531 N. Main (01)
Skillern, Mrs. Scott 1442 Garland Circle (14)
Smith, Mrs. Lee Jr. 1925 E. Jefferson (17)
Speybroeck, Mrs. Robert C. 1314 Kessler Pl. (16)
Stimson, Mrs. Harry R. 17649 Darden Rd. (35)
Stiver, Mrs. Dan D. ...1127 E. Wayne St. N. (15)
Stogdill, Mrs. William J. ...520 N. Coquillard Dr. (17)
Stratigos, Mrs. Joseph S. ..527 N. Lafayette (01)
Sweeney, Mrs. Robert ..115 N. Sunnyside Ave. (17)
Sylbert, Mrs. Philip 546 N. Coquillard Dr. (17)

T

Tapley, Mrs. Dwight L. 62915 Oak Rd. (14)
Thompson, Mrs. John M. ..1618 E. Cedar St. (17)
Thornton, Mrs. M. J. 125 W. Marion St. (01)
Troeger, Mrs. Thomas 52524 Swanson (35)
Troyer, Mrs. Marlin ...3346 S. Twyckenham Dr. (14)
Urruti, Mrs. Arnoldo H. 16881 Londonberry Ln. (35)

V-W-Z

Van Fleit, Mrs. W. E. 1617 E. Cedar St. (17)
Wehlage, Mrs. David F. ...17707 Darden Rd. (35)
Wilson, Mrs. James M. 1507 E. Wayne (15)
Wurster, Mrs. H. C. ...3512 Northside Blvd. Apt A-2 (15)
Zeiger, Mrs. Irvin L. ..1205 E. Irvington Ave. (14)

Stoller, Mrs. Harry ...R.R. 5, Plymouth 46563
Bickel, Mrs. D. 12234 Horado Rd., San Diego, Calif. 92128

SHELBY COUNTY

Davis, Mrs. John A. Flat Rock 47234

Shelbyville
(*Zip Code* 46176)

Abeleda, Mrs. Lamberto V. R.R. 2, Box 365
Dalton, Mrs. Wilson L. 1712 Culbertson Rd.
Deupree, Mrs. William D. 50 W. Mechanic St.
Gehres, Mrs. Robert W. 610 Shelby St.
Green, Mrs. William ..R.R. 2, Morristown Rd. Box 61
Inlow, Mrs. Paul M. 53 W. Washington St.
Inlow, Mrs. Robert R.R. 2, Box 376
Inlow, Mrs. W. D. Spring Hill Rd.
Lorber, Mrs. James Michael R. 5, Box 29A
McFadden, Miss Marian 28 W. Mechanic St.
Moheban, Mrs. Joseph Spring Hill Rd.
Phares, Miss Frances 408 S. Harrison
Silbert, Mrs. David B. 1100 Fairfield Dr.
Tindall, Mrs. William R. 616 S. Harrison
Tower, Mrs. James H., Jr. ..239 W. Washington St.
Whitcomb, Mrs. Roger F. 218 W. Broadway

TIPPECANOE COUNTY

Lafayette
(*Zip Code* 479 *plus zone number*).

Alstott, Mrs. David 1828 W. 550 South (05)
Babb, Mrs. Forrest J. 2106 S. 9th St. (05)
Bayley, Mrs. William E. ..303 S. 9th St. Apt. 34 (01)
Brennan, Mrs. Thomas 24 Oriole Dr. (05)

Bullard, Mrs. Harlan R. 3510 Woodcliff Dr. (05)
Cartwright, Mrs. G. W. 3532 Mulberry (05)
Davis, Mrs. Grayson B. 1242 Meadowbrook Dr. (05)
Deur, Mrs. Julius 606 N. 28th (04)
DuBois, Mrs. Ramon B. ..519 Calvert Lane (05)
Engeler, Mrs. James E. 21 Lori Lee Dr. (05)
Fields, Mrs. Don C. 3530 E. 200 N. (05)
Frey, Mrs. Harley H., Jr. ..505 Calvert Lane (05)
Gutwein, Mrs. Gilbert 4330 S. 250 E. (05)
Harvey, Mrs. Bennett B. ..2908 Beverly Lane (04)
Hebard, Mrs. H. G. 550 Elston Rd. (05)
Horswell, Mrs. Richard R. ...3924 Rome Dr. (05)
Karberg, Mrs. Richard 1212 El Prado (05)
Kohne, Mrs. Robert W. 3504 Cedar Lane (02)
Kuipers, Mrs. Fred M. Jr. 3918 Gate Rd, R.R. 1
Landis, Mrs. C. Byron 505 S. 7th St.
Lempke, Mrs. Lloyd W. 29 Stayman Ct. (05)
McPherson, Mrs. Richard C. 30 Thise Court (05)
Miller, Mrs. Wm. J. 58 Thise Court (05)
Neumann, Mrs. Kenneth O. ..1410 S. 18th St. (05)
Patton, Mrs. Charles 2509 Sunrise Ave. (04)
Ralston, Mrs. Marc 2121 Sunrise Ave. (04)
Riggs, Mrs. W. A. R.R. 11, Box 90 (05)
Robinson, Mrs. Frederick 1640 Hemlock (05)
Rothrock, Mrs. Philip 1721 Redwood Ln. (05)
Sholty, Mrs. William M. 1831 Lilly Rd.
Smith, Mrs. Lowell C. 615 Lingle (01)
Stuntz, Mrs. Edgar 2500 Ferry St. (04)
Trout, Mrs. Carl J. 800 State St. (01)
Trout, Mrs. David 445 Southern Drive (06)
Underwood, Mrs. George M. 905 Southern View Dr. N. (05)
Vermilya, Mrs. Robert W. ..579 So. 675 East (05)
Wagner, Mrs. Lindley H. ..3870 S. Orchard (05)

West Lafayette

(*Zip Code* 47906)

Alexander, Mrs. Alan 625 Cumberland Ave.
Auckley, Mrs. James L. 806 Sparta
Baker, Mrs. John R. 2321 Carmel Dr.
Beck, Mrs. David C. 1414 N. Salisbury
Beuerman, Mrs. Virgil A. 509 Emilie Dr.
Bolin, Mrs. Robert C. 908 Windsor Dr.
Brady, Mrs. Kingdon 612 Terry Lane
Bridge, Mrs. Barton C. 1106 Cherry Lane
Carpenter, Mrs. Robert S. 492 Littleton St.
Davis, Mrs. Howard B. 833 Hillcrest Rd.
Elliott, Mrs. Paul W. 332 Park Lane
Gossard, Mrs. John M. 115 E. Navajo
Gripe, Mrs. Richard P. ..2179 Tecumseh Park Lane
Hanneman, Mrs. Robert E. ...219 Tamiami Trail
Heid, Mrs. George J. 515 Park Ridge Dr.
Horvath, Mrs. John 140 Tamiami Ct.
Hughes, Mrs. Anson 1608 Sheridan Rd.
Kelley, Mrs. Jack 1420 Ravinia Rd.
Klatch, Mrs. Ben Z. 1415 Woodland Dr.
Knote, Mrs. John 716 Carrolton Blvd.
Lind, Mrs. Jaap Jan 902 Rose Lane
Loop, Mrs. Frederick A. 296 Parklane
McAdams, Mrs. Robert C. 625 Ridgewood Dr.
McEwen, Mrs. David A. 2801 Linda Lane
McKinney, Mrs. Donald 2312 N. 650 W.
Marsh, Mrs. George 2121 Happy Hollow Dr.
Marvel, Mrs. Howard R. 136 Arrowhead Dr.
Mather, Mrs. Charles R. 1815 Ravina Rd.
Mather, Mrs. Robert L. 321 Leslie Ave.
Mohrs, Mrs. Paul E. 800 Hillcrest Dr.
Mount, Mrs. William M. 217 Pawnee Dr.
Peyton, Mrs. Frank W. 612 Ridgewood
Peyton, Mrs. Richard 1941 Indian Trail Dr.
Poulos, Mrs. J. T. 1000 Windwood Way
Rahdert, Mrs. Richard 2166 Tecumseh Park Ln.
Ramsey, Mrs George F. 201 Lindburg Rd.
Remo, Mrs. John 636 Eden St.
Rutherford, Mrs. Charles 2501 N. 600 W.
Scanlon, Mrs. John C. 2800 Wilshire Ave.
Scheeres, Mrs. Jacob W. 180 Sumac Dr.
Sherman, Mrs. David E. 225 Tamiami Trail
Shively, Mrs. John L. 205 Lindberg Ave.
Spurlock, Mrs. F. H. 1625 Western Dr.
Stahl, Mrs. Edward T. 324 Park Lane
Steele, Mrs. Hugh H. 2730 Henderson
Van Den Bosch, Mrs. Wallace R. 6173 West State Rd. 26
Van Kirk, Mrs. John R. 201 E. Navajo
Wagner, Dr. Annabelle 1804 Summit Dr.
Wagoner, Mrs. J. Edward 907 Cumberland
Waits, Mrs. Chester L. 622 Rose St.
Webster, Mrs. Paul 527 Park Ridge Dr.
Weida, Mrs. Jerry 513 Emilie Dr.
Weller, Mrs. Wendell A. 153 Pathway Lane

Foster, Mrs. John A. ...R.R. 1, Box 24, Battleground 47920
Aldrich, Mrs. David Rt. 1, Rossville 46065
Weller, Mrs. Ralph Box A, Rossville 46065
Bond, Mrs. Larry R.R. 1, Clarks Hill 47930

VANDERBURGH COUNTY

Evansville

(*Zip Code* 477 *plus zone number*).

A

Adye, Mrs. Wallace M. 320 Inwood Dr. (11)
Akin, Mrs. Ali 400 Tyler (15)
Alexander, Mrs. John E. ..2895 Washington Ave. (14)
Allen, Mrs. William ...8203 Newburgh Rd. (15)
Anderson, Mrs. Milton H. ...800 S. Plaza Dr. (15)
Antes, Mrs. Earl H. ..1201 Bonnie View Dr. (15)
Arendell, Mrs. Robert E. ..700 Helfrich Lane (12)
Austin, Mrs. Eugene W. ...721 Colony Rd. (15)

B

Baird, Mrs. Glen 5000 Pinehurst Dr.
Baker, Mrs. Sam B. 460 Martins Lane (15)
Barnhart, Mrs. Willard T. ..507 S. Boeke Rd. (14)
Beck, Mrs. Robert E. ...6000 Newburgh Rd. (15)
Becker, Mrs. Jerry 301 Oriole Drive (15)
Beisel, Mrs. Larry H. ..450 S. Audubon Dr. (15)
Bender, Mrs. Martin J. ..2416 Bayard Park Dr. (14)
Bennett, Mrs. Abner P. ..961 Blue Ridge Rd. (15)
Berker, Mrs. Bedi 7221 E. Chandler Ave. (15)

Bizal, Mrs. John R.R. 7, Box 77, Shenk Rd. (12)
Bloss, Mrs. Bryant A. 4131 Lincoln Ave. (15)
Brakel, Mrs. Frank, Jr. 1429 Oriole Dr. (15)
Britt, Mrs. Robert L. ..6317 Newburgh Rd. (15)
Brockmole, Mrs. Arnold W.
5901 New Harmony Rd. (12)
Brown, Mrs. Raymond 217 Royal (15)
Brown, Mrs. Robert 3515 Lincoln (15)
Brundick, Mrs. Edward 417 Holly Hill Dr. (10)
Bryan, Mrs. Stanton L. 3211 E. Mulberry St. (15)
Buehner, Mrs. Donald C. 7931 Taylor (15)
Burger, Mrs. Thomas C. 3915 Washington Ave. (15)
Burnikel, Mrs. Ray H. ...960 S. Rotherwood Ave. (14)
Burress, Mrs. Clyde 10100 Old St. Rd. (11)

C

Cabrera, Mrs. J. C. 7217 E. Chestnut St. (15)
Carlson, Mrs. Ralph F. ..1350 Bayard Park Dr. (14)
Clark, Mrs. Thomas W. ..820 S. Meadow Rd. (15)
Clouse, Mrs. Paul 2404 Lincoln (15)
Colvin, Mrs. Robert 2048 Polaris (15)
Cook, Mrs. Thomas 1204 FuQuay Rd. (15)
Cooper, Mrs. Waller W. 819 Canterbury Dr. (15)
Corcoran, Mrs. P. J. V. ..2412 E. Chandler Ave. (14)
Cox, Mrs. J. Bruce 7116 E. Chestnut (15)
Cox, Mrs. Larry 1401 Southfield Road
Crawford, Mrs. James ..631 Blue Ridge Dr. W. (15)
Cullnane, Mrs. Chris W. 3020 Mt. Vernon Ave. (12)

D

Davidson, Mrs. Harold H. ..800 Blue Ridge Rd. (15)
Davis, Mrs. Kenneth 900 S. Burkhart (15)
Denzer, Mrs. William O. ...2329 E. Chandler (14)
Dieckman, Mrs. Herbert S. ..10 Johnson Place (14)
Durkee, Mrs. Melvin S. ...615 Trinity Dr. (15)
Dycus, Mrs. Walter A. 3400 Koring Rd. (12)
Dyer, Mrs. Wallace K. ..812 St. James Blvd. (14)

E

Elshoff, Mrs. Donald Virgil ..8410 Berry Dr. (11)
Engel, Mrs. Edgar L. 1103 S. Burkhardt (15)
Ewer, Mrs. Robert 7226 E. Blackford (15)

F

Faith, Mrs. Ira L. 5822 Brentwood Ct. (15)
Faul, Mrs. Henry J. 725 S. Willow Rd. (14)
Faw, Mrs. Melvin L. 2400 E. Chandler (14)
Fenneman, Mrs. Robert J.
Box 145, R.R. 8, Old St. Rd. (11)
Ferguson, Mrs. Steve 1015 Harrelton Court (15)
Fitzsimmons, Mrs. Elvin L. ..500 S. Boeke Rd. (14)
Fitzsimmons, Mrs. Sam 900 S. Boeke Rd. (14)
Follis, Mrs. C. Gene 710 S. St. James (14)
Franco, Mrs. James M. 8010 Newburgh Rd.

G

Garland, Mrs. Edgar A. 719 Plaza Dr. (15)
Geller, Mrs. Samuel R.R. 8, Box 143-A (11)
Getty, Mrs. William H. ..1810 Mt. Auburn Rd. (12)
Giorgio, Mrs. Douglas J. ...916 S. Burkhardt Rd. (15)
Grimm, Mrs. William C. 8712 Whetstone (11)

H

Hachmeister, Mrs. Charles W.
5050 Lincoln Ave. (15)
Hammond, Mrs. R. Case ..6820 Arcadian Hwy. (15)
Hare, Mrs. Daniel M. 5029 Lincoln Ave. (15)
Hargett, Mrs. Isaac ...8006 Heather Court (14)
Harris, Mrs. Robert L. ...533 Martins Lane (15)
Hart, Mrs. L. Paul 600 Cullen Ave. Apt. 607 (15)
Hartley, Mrs. Clarence A., Jr. ...300 Hesmer Rd. (11)
Hassel, Mrs. Walter 3712 Herndon Dr. (11)
Healy, Mrs. Cornelius E. ..430 Kings Valley Rd. (11)
Heimburger, Mrs. Irvin L.
7700 Newburgh Rd. (15)
Heinrich, Mrs. Weston A. 1408 Lincoln Ave. (14)
Hendershot, Mrs. Eugene L. ..7006 Newburgh Rd. (15)
Hermayer, Mrs. Stephen ...1316 Bonnie View Dr. (15)
Herrmann, Mrs. Gordon T. ..218 S. Spring St. (12)
Herzer, Mrs. Clarence C. ...211 E. Mill Rd. (11)
Heumann, Mrs. John E. 1515 Audubon Ct. (15)
Higgins, Mrs. James ...524 Martin's Lane (15)
Himebaugh, Mrs. Gilbert J. ...408 S. Alvord Blvd. (14)
Hobgood, Mrs. James L. ..7527 Taylor Circle (15)
Hood, Mrs. Tony Rt. 7, Box 75A (12)
Hoover, Mrs. J. Guy
8701 Old Petersburgh Rd. (11)
Huggins, Mrs. Victor S. ...8314 Whetstone Road

J-K

Johnson, Mrs. Harold V. ..1303 Masker Pk. Dr. (12)
Johnson, Mrs. Stephen L. ...2215 Lincoln Ave. (14)
Kelly, Mrs. John B. 1420 Lark Dr. (15)
Kessler, Mrs. Robert ..1200 Harrelton Court (15)
Kincaid, Mrs. Robert ...7117 E. Cherry St. (15)
Krueger, Mrs. Tom P. 8203 Petersburg (11)

L

Lashley, Mrs. Donald 1406 Martin Lane (15)
Laubscher, Mrs. Clarence A.
1201 Laubscher Rd. (10)
Lawler, Mrs. John 520 S. Roosevelt (14)
Lawrence, Mrs. Joseph C.
1362 E. Chandler Ave. (14)
Lehmann, Mrs. Dale 112 Camden Ct. (15)
Liebundguth, Mrs. Henry 5206 Lincoln Ave. (15)
Lessure, Mrs. Alfred P. ..400 S. Audubon Dr. (5)
Logan, Mrs. Jesse R. 503 First Ave. (10)
Longstaff, Mrs. John ...830 Canterbury Dr. (15)

M

MacKenzie, Mrs. Pierce 2300 E. Gum St. (14)
McCool, Mrs. Joe H. 1 Woodmere Lane (11)
McDonald, Mrs. Joseph D. .4300 Lincoln Ave. (15)
McElroy, Mrs. Robert 3512 Koring Rd. (12)
Marrese, Mrs. R. Anthony ..301 Park Plaza Dr. (15)
Marvel, Mrs. James A. 312 Royal Ave. (15)
Mathews, Mrs. James R. 901 Meadow Rd. (15)
Miller, Mrs. LaVerne B. 501 Scenic Dr. (15)
Miller, Mrs. Milton J. 8201 Newburgh Rd. (15)

Mills, Mrs. Fred E. 555 S. Kelsey Ave. (12)
Mino, Mrs. Robert A. 2808 N. Shore Dr. (11)
Mullican, Mrs. Wm. 855 S. St. James (14)

N

Newnum, Mrs. Raymond L. ...Belle Manor, Apt. 208 (15)
Newton, Mrs. Roger 1400 Lark Dr. (15)
Nicholson, Mrs. Raymond W. 1467 Southfield Rd. (15)
Nonte, Mrs. Leo R. 714 S. Willow Rd. (14)
Noveroske, Mrs. Richard 3901 Lincoln Ave. (15)

O

Oswald, Mrs. Robert H. 7200 E. Cherry (15)

P

Pastor, Mrs. Julius W. .5901 Washington Ave. (15)
Pavlick, Mrs. Theodore J. ..4212 Jennings Lane (12)
Pemberton, Mrs. Jack J. 6300 Falstead Rd. (12)
Pontaoe, Mrs. Alejandro ...1515 Martins Circle (15)
Porro, Mrs. Francis W. 909 S. Villa Dr. (14)
Present, Mrs. Julian D. 201 S. Parker Dr. (14)

R

Radcliff, Mrs. Forest 506 S. St. James Blvd. (14)
Ratcliffe, Mrs. Albert W. 201 S. Cullen (15)
Reich, Mrs. Clarence E. 1209 N. Fulton Ave. (10)
Richey, Mrs. Clifford O. ...407 Congress Ave. (15)
Rietman, Mrs. H. Jerome 2325 Lincoln Ave. (14)
Ritchie, Mrs. William D. ..5201 Stringtown Rd. (11)
Ritz, Mrs. Albert S. 765 S. Boeke Rd. (14)
Robertson, Mrs. James 7209 E. Walnut St. (15)
Roe, Mrs. Taft 3720 E. Mulberry (15)
Rosenblatt, Mrs. Bernard B. 626 St. James Blvd. (14)
Royster, Mrs. Robert A. 34 Johnson Place (14)
Rudolph, Mrs. Kenneth 742 Plaza Dr. (15)
Rule, Mrs. Ned 8511 Larch Lane (11)
Rusche, Mrs. Herman Frederick 5817 Brentwood Ct. (15)
Russell, Mrs. Richard H. ...5819 Brentwood Ct. (15)

S

Salama, Mrs. Fawzy 317 Logwood (10)
Schimmelpfennig, Mrs. Robert W. 3014 Washington Ave. (14)
Schirmer, Mrs. Robert H. 4300 Kasson (12)
Schneider, Mrs. Charles P. 2912 W. Maryland St. (12)
Schroeder, Mrs. Henry, Jr. ...1216 Hillsdale Rd (11)
Sheehan, Mrs. E. Gregg 934 York Rd. (15)
Sims, Mrs. Larry 521 Kirkwood Dr. (15)
Slaughter, Mrs. Howard C. ...651 St. Mary's Dr. (15)
Slaughter, Mrs. John C. 622 College Hwy. (14)
Sprecher, Mrs. Herman C. ..6601 Newburgh Rd. (15)
Stallings, Mrs. Hugh A. ..7601 Newburgh Rd. (15)
Stewart, Mrs. L. Ray 852 S. Alvord Blvd. (14)
Stoller, Mrs. Leon 7116 E. Walnut (15)
Strueh, Mrs. Paul E. 1207 Harrelton Ct. (15)
Swan, Mrs. Robert E. 540 Oriole Dr. (15)

T

Talley, Mrs. T. W. R.R. 5, Box 202A (11)
Tuholski, Mrs. James M. ...6213 Newburgh Rd. (15)
Tweedall, Mrs. Daniel C. ...900 S. Meadow Rd. (15)
Ulrey, Mrs. Robert P. 130 E. Mill Rd. (11)
Underhill, Mrs. Gary 508 Martins Ln. (15)

V-W

Venables, Mrs. A. J. 420 Runnymeade (14)
Vincent, Mrs. William 7300 E. Powell (15)
Visher, Mrs. John W. ..510 E. Mt. Pleasant Rd. (11)
VonderHaar, Mrs. Thomas E. 901 S. Burkhardt Rd. (15)
Waddell, Mrs. J. Ronald 1601 Lant Circle (14)
Walker, Mrs. William F. 1529 Oriole (15)
Walter, Mrs. Robert F. 4310 Bellemeade (15)
Weber, Mrs. Emil L. R.R. 8, Box 90 (11)
Weiss, Mrs. H. G. 1014 E. Powell Ave. (14)
Welborn, Mrs. Mell B. 1832 Mt. Auburn Rd. (12)
Welborn, Mrs. Mell, Jr. 514 S. Roosevelt Dr. (14)
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Wilhelmus, Mrs. Gilbert M. 5901 Newburgh Rd. (15)
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Willison, Mrs. George W. 605 St. Mary's Dr. (15)
Wilson, Mrs. David 615 Willow Rd. (14)
Wilson, Mrs. John D. 921 Colony Rd. (15)
Wilson, Mrs. Ralph 6801 Monroe (15)
Wynn, Mrs. Justice F. ...651 S. Weinbach Ave. (14)

Y-Z

Young, Mrs. C. Curtis, Jr. ...2327 Lincoln Ave. (14)

Crist, Mrs. John R. 320 Emmick, Mt. Vernon 47620
Hirsch, Mrs. H. L. ...801 Williams Dr., Mt. Vernon 47620
Vogel, Mrs. John L. R.R. 4, Box 127A, Mt. Vernon 47620

Newburgh
(*Zip Code* 47630)

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Gourieux, Mrs. DeVerre R.R. 2, Box 89
McCarthy, Mrs. Joseph ..R.R. 3, Box 748, Grimm Rd.
Nacino, Mrs. Irineo R.R. 3, Box 53
Rusche, Mrs. Henry J. 1041 State St.
Rusche, Mrs. Thomas R.R. 2, Sharon Rd.
Sowa, Mrs. Ronald W. 122 W. Main St.
Spain, Mrs. Thomas ...R. 1, Box 34, South Shore Dr.
Woodward, Mrs. Ben E.#6 Orchard Lane, R.R. 1
Zwickel, Mrs. R. E. Darby Hills

Smith, Mrs. Gordon L. R.R. 2, New Harmony 47631
McNiel, Mrs. Kenneth W. R.R. 2, Box 339, Brazil 47834

VIGO COUNTY

Terre Haute
(*Zip Code* 478 *plus zone number*)

A

Anas, Mrs. Pandeli ..7558 Sycamore Knolls Dr. (02)
Anderson, Mrs. W. C. 380 S. 22nd St. (03)

B

Bannon, Mrs. Wm. G. 2126 Ohio Blvd. (03)
Bloxdorf, Mrs. John W. 2540 N. 9th St. (04)
Blum, Mrs. Leon L. 3200 Ohio Blvd. (03)
Boen, Mrs. Bradley N. 7522 Sycamore Knolls Dr. (02)
Bopp, Mrs. Henry W., Jr. 73 Allendale Pl. (02)
Bopp, Mrs. Henry W., Sr. 132 Barton Ave. (03)
Bopp, Mrs. James 330 Hamilton Dr. (02)
Boyd, Mrs. H. Clark 56 Long Ridge Rd. (02)
Bristol, Mrs. H. M. S. 2326 Tippecanoe (03)
Brown, Mrs. Robert R. 2544 N. Ninth St. (04)

C-D

CaJacob, Mrs. Melville E. 1000 S. Sixth St. (07)
Caldwell, Mrs. M. V. 6151 Clinton Road (05)
Carpenter, Mrs. Donald J. 6879 Carlisle Rd. (38)
Cavins, Mrs. A. W. 75 Allendale Place (02)
Chau, Mrs. Andrew Y. S. 9 Monroe Blvd. (03)
Combs, Mrs. Stuart R. 1155 Gilchrist Rd. (02)
Connerley, Mrs. Marion L. 2824 Ohio Blvd. (03)
Conway, Mrs. Thomas J. 207 Barton Ave. (03)
Cristee, Mrs. James W. 1221 S. 6th St. (02)
Crockett, Mrs. Wayne A. 3601 Ohio Blvd. (03)
Davis, Mrs. Paul E. 1910 Boston (05)
Dierdorf, Mrs. Fred 103 S. 23rd St. (03)
Dyer, Mrs. G. Wallace 2710 Wilson Dr. (03)

E-F

El-Issa, Mrs. Sa'd 117 Hamilton Dr. (03)
Enderle, Mrs. Frank J. .7000 Williamsburg Lane (02)
Feliciano, Mrs. M. G. 60 Longridge Rd. (02)
Freed, Mrs. John E., Jr. 2425 N. Eighth St. (04)
Freed, Mrs. John E., Sr. 2408 N. 10th St. (04)

G

Gerrish, Mrs. Don A. 5206 Clinton Rd. (05)
Gilbert, Mrs. Ivan 2641 Crawford St. (03)
Goodman, Mrs. Hubert T. ..220 Gardendale Rd. (03)
Gossom, Mrs. Donn R. 1904 Ohio Blvd. (03)

H

Haslem, Mrs. John R. ..1700 S. Fruitridge Ave. (03)
Hetherington, Mrs. John A. 4430 Wabash (03)
Hogan, Mrs. Thomas W. 3505 Ohio Blvd. (03)
Htain, Mrs. Min 14 Cresthill Rd. (02)
Humphrey, Mrs. Paul E. ..2631 N. Ninth St. (04)

J-K

Johnson, Mrs. Edward ...313 Terre Vista Dr. (03)
Johnson, Mrs. Paul D., Jr. 62 AllenDale (02)
Johnston, Mrs. Gerald P. ...114 Bluebird Drive (03)
Kabel, Mrs. Robert N. 2201 Ohio Blvd. (03)
Kunkler, Mrs. Arnold W. ...147 Monterey Ave. (03)

L

Lancet, Mrs. Robert O. 20 Nitche Dr. (03)
Lee, Mrs. James C. 12 32nd St. Ct. (03)
Lenyo, Mrs. Ludimere 700 Delaware Ave. (04)
Lowenstein, Mrs. W. L. 1909 Ohio Blvd. (03)

M

McBride, Mrs. Noel S. 67 Allendale Pl. (02)
McCrea, Mrs. Fred R. 2517 N. Eighth St. (04)
McEwen, Mrs. James W. 107 Wren Dr. (03)
McLaughlin, Mrs. Gordon C. ..R.R. 22, Box 386 (02)
Malone, Mrs. L. A. 2511 N. Ninth St. (04)
Mankin, Mrs. William 175 Lakeview Dr. (03)
Manzanares, Mrs. Austacio F. ..2920 Ohio Blvd. (03)
Mason, Mrs. Lester M. ...66 Allendale Pl. (02)
Mattox, Mrs. Don M. 52 Allendale (02)
Mattox, Mrs. Ernest
4951 Dixie Bee Rd. Apt. 72 (02)
Mayrose, Mrs. Richard 7666 N. 39th St. (05)
Meissel, Mrs. Robert L. 145 Hamilton Dr. (03)
Menke, Mrs. W. J. 326 Hamilton Dr. (03)
Miklozek, Mrs. J. E. 2204 Ohio Blvd. (03)
Mitre, Mrs. I. N. 10 Rutledge Place (03)
Moore, Mrs. Gene 3109 Colonial Dr. (05)

N-O-P

Nay, Mrs. Ernest O. 29 S. 20th St (03)
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Noroozi, Mrs. Iradj 6814 Dixie Bee Rd. (02)
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Pangan, Mrs. Jess F. 29 Velvet Dr. (02)
Patel, Mrs. Pulkit 7003 Williamsburg Ln. (02)
Pearce, Mrs. Roy V. 269 S. 26th St. Dr. (03)
Peterson, Mrs. D. D. 74 Doe Dr. (02)

R

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Richart, Mrs. James V. 336 Hamilton Dr. (03)
Rosene, Mrs. Harold A. 411 Bluebird Dr. (03)
Rourke, Mrs. Robert F. R.R. 25, Box 460 (03)
Rubin, Mrs. Milton M. 2401 Ohio Blvd. (03)

S

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Sayers, Mrs. Frank E. 436 Bluebird Dr. (03)
Scherb, Mrs. Burton E. 211 Gardendale Rd. (03)
Schott, Mrs. Edward J. 653 Oak St. (07)
Schumaker, Mrs. Robert A. ..3498 Margaret Ave. (02)
Scully, Mrs. William E. 100 Berkely Dr. (03)
Showalter, Mrs. John R., Jr. ..2511 N. Eighth St. (04)
Shriner, Mrs. William C. ...123 Woodbine Dr. (03)
Siebenmorgen, Mrs. Paul 2515 N. Seventh St. (07)
Silverman, Mrs. Norman M. ..1142 S. Center St. (02)
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Strecker, Mrs. William L. ...88 Allendale Place (02)
Sullivan, Mrs. John M. 2242 College Ave. (03)

T-V

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Veach, Mrs. William L. 97 Allendale Pl. (02)
Vosika, Mrs. Edward R.R. 51, Box 330-A (05)

W-Z

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Weber, Mrs. Joseph 114 S. Glen Apt. 31
West, Mrs. Roger F. 54 Allendale (02)
Wheeler, Mrs. Byron 31 Ferndale Dr. (03)
Wiedmann, Mrs. Frank E. Box 572 (02)
Wilson, Mrs. Fred L. 1124 S. Center St. (02)
Win, Mrs. Tun 1305 Royce Ave. (02)
Zwerner, Mrs. Paul F. ...2510 N. Eighth St. (04)

McNeil, Mrs. Kenneth W. R.R. 2, Box 339, Brazil 47834

Keffer, Mrs. Harry
R.R. 3, Box 212 B, West Terre Haute 47885

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Kenyon, Mrs. Emil ..303 Mulberry, Cambridge City 47327
Barton, Mrs. Willoughby M.
200 N. Morton, Centerville 47330
McWilliams, Mrs. William B. ...R.R. 4, Liberty 47353

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Ake, Mrs. Loren 220 S. 18 St.
Allen, Mrs. Robert T. 212 S. 21st St.
Ballenger, Mrs. William 3002 Dorothy Lane
Blossom, Mrs. Paul W. 620 S.W. 21st St.
Browning, Mrs. Charles 681 Hale Circle
Cabigas, Mrs. Jose S. 415 South 33rd St.
Clarkson, Mrs. C. G. 300 Greenbrier Dr.
Clemente, Mrs. Jose 4400 S. B St.
Coble, Mrs. Frank H. R.R. 3, Box 38
Cooke, Mrs. John 2121 South 23rd
Cox, Mrs. Leon 10 Clifton Road
Daggy, Mrs. James R. 47 S. 24th St.
Deanovic, Mrs. Frank W. 3001 Parkwood Dr.
Dehner, Mrs. John R. 212 S. 22nd St.
Deitsch, Mrs. Howard 36 S. 21st St.
Dingle, Mrs. Paul E. 206 S. 32nd St.
Dreyer, Mrs. Ralph W. 4111 Backmeyer Rd.
Ebbinghouse, Mrs. Tom 13 Parkway Lane
Farmer, Mrs. Charles 500 Meadow Brook Dr.
Gibson, Mrs. Alois E. 209 S. 16th St.
Guthrie, Mrs. James R. 3112 S. E. Parkway
Hibner, Mrs. Dan W. 50 S. 24th St.
Hinshaw, Mrs. Michael 3190 Toddsbury Ln.
Johnson, Mrs. George M. 1914 Middleboro Pike
Lee, Mrs. Glen Ward Greenmount Pike
Lewis, Mrs. James 720 Toddsbury Lane
Ling, Mrs. John F. 6 Parkway Lane
Loomis, Mrs. Charles H. 711 Garwood Rd.
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Mader, Mrs. John H. 1528 Chester Blvd.
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Millis, Mrs. Arthur B. 550 South 23rd
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Park, Mrs. Byron J. 220 S. 24th St.
Plasterer, Mrs. Edward D. 461 S. 28th
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Rodriquez, Mrs. Pedro R.R. 1, Box 190A
Runge, Mrs. Paul 325 S. 31st St.
Schmitt, Mrs. Robert W. 25 Circle Dr.
Sherer, Mrs. Kenneth E. 4 Parkway Lane
Shields, Mrs. Tom S. 2203 S. "E" St.
Shirazi, Mrs. E. K. 325 South 16th St.
Short, Mrs. John A. 4284 S. C. Court
Spellmeyer, Mrs. John C. 3010 Park Woods Dr.
Stepleton, Mrs. John D. 4220 Backmeyer Rd.
Stilwell, Mrs. William R. 2607 S. "C" Pl.
Wambo, Mrs. John 2600 Wernle Rd.
Warrick, Mrs. Francis B. 2106 South "B" St.
Wertenberger, Mrs. Morris ..779 Greenmount Pike
Wiland, Mrs. Olin K. 4375 S. "C" St.
Woodman, Mrs. Kenneth 4412 S. "B" St.
Wynegar, Mrs. David 270 South 27th
Zore, Mrs. Joseph J. 14 Parkway Lane

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Bluffton
(*Zip Code* 46714)

Bradley, Mrs. Louis F.
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Caylor, Mrs. Charles H. .R.R. 4, Country Club Estates
Caylor, Mrs. Harold D. 411 W. Market St.
Caylor, Mrs. Truman E. 920 River Rd.
Collins, Mrs. Jack T. R.R. 3
Cook, Mrs. Robert G. 1225 Summit Ave.
Dorrance, Mrs. Thomas O. ...302 Northwood Dr.
Eisaman, Mrs. Jack 1422 Hunter Rd.
Erxleben, Mrs. Walter 1225 Ridgewood Ln.
Graf, Mrs. Russell E. 1110 Highland Park Circle
Kephart, Mrs. S. Bruce P.O. Box 12
Lohmuller, Mrs. Herbert 1120 River Road
Longacher, Mrs. Joseph W. 911 McCoy Rd.
Luzietti, Mrs. Richard 937 Summit Ave.
Matzen, Mrs. Richard N. R.R. 3
Mayock, Mrs. Peter P. 1100 River Rd.
Meier, Mrs. Donald W. 1205 Summit Ave.
Merkle, Mrs. George 1422 Kenwood Dr.
Mock, Mrs. Farrell R.R. 4
Mudrony, Mrs. Jeno R.R. 4
Nichols, Mrs. Robert D. 427 E. Wiley
Panos, Mrs. Constantine G. 1144 Wildwood Lane
Pietz, Mrs. David G. R.R. 3
Pitts, Mrs. Neal C. ...1020 Highland Park Circle
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Rumana, Mrs. Robert 519 E. Wiley
Shaw, Mrs. Glenn R. 926 Riverview Dr.
Shively, Mrs. Kenneth R. #3 Pence Rd.
Smith, Mrs. H. Charles 922 Sherwood Dr.
Stauffer, Mrs. Dwight 803 Sycamore Ln.
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Strehler, Mrs. Donald A. R.R. 4
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Umphrey, Mrs. James 1028 Echo Lane
Waksman, Mrs. Alberto 1523 S. Sutton Circle Dr.
Yoder, Mrs. Richard P. 931 S. Wayne St.

Kinzer, Mrs. LeRoy R.R. 1, Uniondale 46791

WHITE COUNTY

Derhammer, Mrs. George L. Brookston 47923

Monticello
(*Zip Code* 47960)

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Dickerson, Mrs. W. Martin ...218 E. Market St.
Fields, Mrs. Max L. R.R. 3
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Jehanyar, Mrs. M. Ali R.R. 2
McClure, Mrs. Stanley E. R.R. 1

WHITLEY COUNTY

Minick, Mrs. Linus J. N. Line St., Churubusco 46723

Columbia City

(*Zip Code* 46725)

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Lehmberg, Mrs. Otto F. C. 706 West Park Dr.
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Thompson, Mrs. Frank M. 526 E. Jefferson
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Mishler, Mrs. Joe B. Pierceton

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606 Darling, Angola (Steuben) 46703
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Compton, Mrs. George L.
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Kho, Mrs. Grace L. 14 Carla Lane, Scottsburg (Scott) 47170
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Manship, Mrs. C. Stanley
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Martin, Mrs. Samuel W. ..Box 138, R.R. 1, Corydon (Harrison) 47112
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May, Mrs. R. Milton ..Laconia (Harrison) 47135
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384 E. McClain, Scottsburg (Scott) 47170
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Painter, Mrs. Lowell .. 507 S. Main, Winchester 47394
Pearson, Mrs. William E.
290 N. Wabash, Wabash (Wabash) 46992
Petrich, Mrs. Peter 409 E. Washington, Attica, (Fountain) 47918
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Riley, Mrs. H. Schirmer 440 Fairmount Dr., Madison (Jefferson) 47250
Rose, Mrs. Robert E.
R.R. 3, Box 36A (Spencer) 47460
Schantz, Mrs. Richard 418 So. Kentucky St., Remington (Jasper) 47977
Schrepferman, Mrs. Wayne
R.R. 2, Hamilton (Steuben) 46742

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Sullivan (Sullivan) 47882
Seward, Mrs. George 201 W. Main St.,
North Manchester (Wabash) 46962
Silvers, Mrs. L. Michael R.R. 2, Box 166,
North Manchester (Wabash) 46962
Sixbey, Mrs. M. Dean
Box 68, Chili (Miami) 46926
Smith, Mrs. Lloyd H. 1401 E. Heckathorn Dr.
N. Manchester (Wabash) 46962
Snyder, Mrs. Parker W. 159 W. Sixth St.,
Peru (Miami) 46970
Sparks, Mrs. Paul R.R. 2, Winchester (Randolph)
47394
Stephens, Mrs. Lowell R. P.O. Box 185,
Covington (Fountain) 47932
Stoops, Mrs. Jean T. 563 N. Miami,
Wabash (Wabash) 46992
Stouder, Mrs. Albert E. 407 S. West St.,
Kempton (Tipton) 46049
Suzuki, Mrs. T. T.
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Swaim, Mrs. J. Franklin Rockville (Parke-
Vermillion) 47872
Thompson, Mrs. Wm. Oak Dr. R. 1
Winamac (Pulaski) 46996
Tower, Mrs. T. Kermit
Campbellsburg (Pike) 47108
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1974 ROSTER

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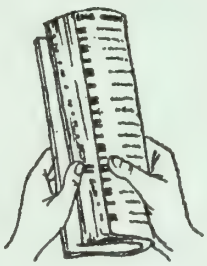
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